

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

45-19-36-203-103-06-07

STATE FILE NUMBER 2010 0054418

DATE ISSUED 08/02/2010

DECEDENT'S LEGAL NAME HEATHER N BENTON		SEX FEMALE	DATE OF DEATH JULY 26, 2010
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 32 YEARS	DATE OF BIRTH FEBRUARY 20, 1978	
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL	
PLACE OF DEATH INPATIENT			
BIRTHPLACE CROWN POINT, IN	SOCIAL SECURITY NUMBER 311-82-4654	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME TODD BENTON
RESIDENCE 19017 RALSTON COURT		APT. NO.	CITY OR TOWN LOWELL
COUNTY LAKE	STATE IN	ZIP CODE 46356	FATHER'S NAME MICHAEL WALTERS
MOTHER'S NAME JUDITH HAMM		MOTHER'S NAME PRIOR TO FIRST MARRIAGE	
INFORMANT'S NAME TODD BENTON		RELATIONSHIP HUSBAND	MAILING ADDRESS 19017 RALSTON COURT, LOWELL, IN, 46356
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION WESTCREEK CEMETERY	LOCATION - CITY OR TOWN AND STATE LOWELL, IN	DATE OF DISPOSITION JULY 31, 2010
FUNERAL HOME MIDWEST MORTUARY SERVICE LTD, 11350 WILD BERRY LANE, MOKENA, IL, 60448			
FUNERAL DIRECTOR'S NAME BRIAN E FITZPATRICK		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011651	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR JULY 28, 2010	
CAUSE OF DEATH PART I. GIANT CELL MYOCARDITIS IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. HEART FAILURE c. _____ Due to (or as a consequence of): _____ Due to (or as a consequence of):			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS UNKNOWN	MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION OF INJURY			
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 26, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	TIME OF DEATH 09:59 PM
CERTIFIER PHYSICIAN		DATE CERTIFIED JULY 26, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOSHUA KINDELAN, MD, 251 E. HURON, CHICAGO, ILLINOIS, 60611			PHYSICIAN'S LICENSE NUMBER 036123498

2010
 DEC 23 PM 11:26
 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

FILED

DEC 23 2010

056898

1100
CS
RM



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE