

CERTIFICATION OF DEATH RECORD

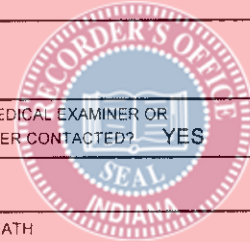
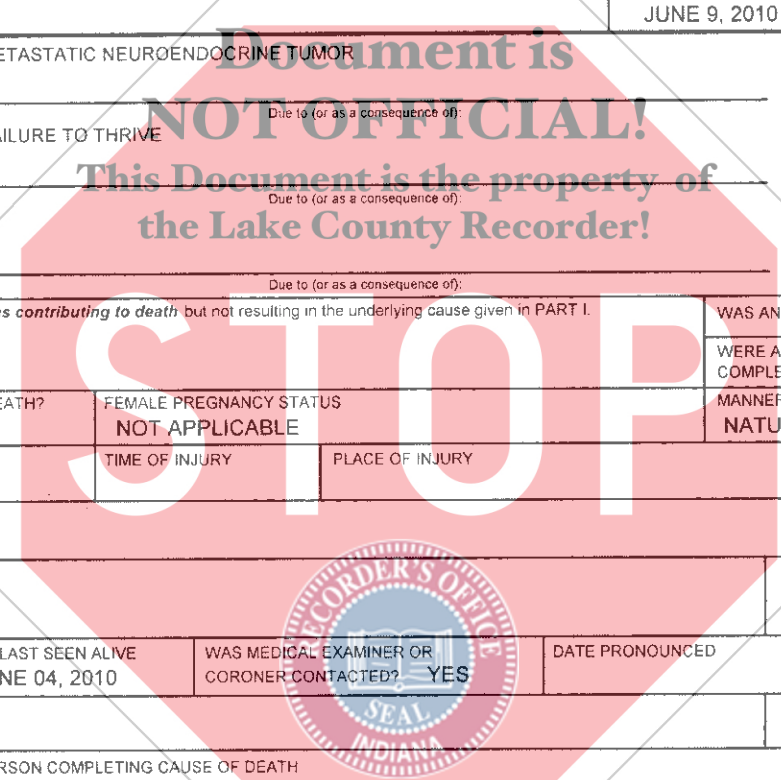
DUPAGE COUNTY HEALTH DEPARTMENT WHEATON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0041675

DATE ISSUED 06/09/2010

DECEASED'S LEGAL NAME ROBERT HYLEK			SEX MALE	DATE OF DEATH JUNE 04, 2010
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 72 YEARS	DATE OF BIRTH SEPTEMBER 08, 1937		
CITY OR TOWN WINFIELD		HOSPITAL OR OTHER INSTITUTION NAME CENTRAL DU PAGE HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE EAST CHICAGO, IN	SOCIAL SECURITY NUMBER 000-00-2513	MARITAL STATUS AT TIME OF DEATH DIVORCED	SURVIVING SPOUSE'S NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9209 91ST COURT	APT. NO.	CITY OR TOWN SAINT JOHN	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46373	FATHER'S NAME WALTER HYLEK	MOTHER'S NAME PRIOR TO FIRST MARRIAGE CELIA CYGANOWSKI
INFORMANT'S NAME DIANNE L BUGAJSKI		RELATIONSHIP DAUGHTER	MAILING ADDRESS 17133 LIMBERLOST ROAD, THREE RIVERS, MI, 49093	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION SOLAN PRUZIN CREMATORY	LOCATION - CITY OR TOWN AND STATE SCHERERVILLE, IN	DATE OF DISPOSITION JUNE 11, 2010	
FUNERAL HOME BRUST FUNERAL HOME, 135 S MAIN ST, LOMBARD, IL, 60148			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010737	
FUNERAL DIRECTOR'S NAME RONALD EUGENE FORESMAN			DATE FILED WITH LOCAL REGISTRAR JUNE 9, 2010	
LOCAL REGISTRAR'S NAME MAUREEN T MCHUGH			DATE FILED WITH LOCAL REGISTRAR JUNE 9, 2010	
CAUSE OF DEATH PART I. METASTATIC NEUROENDOCRINE TUMOR IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. FAILURE TO THRIVE c. _____ Due to (or as a consequence of): Due to (or as a consequence of):				
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO
DID TOBACCO USE CONTRIBUTE TO DEATH?				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED:				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 04, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 10:00 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 07, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KELLY VUONG, 25 NORTH WINFIELD, WINFIELD, ILLINOIS, 60190			PHYSICIAN'S LICENSE NUMBER 036110240	

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 JUN 9 2010
 7 AM 10:00
 HUGHES
 NEWMAN



FILED

FEB 9 1 2011

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

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

000362

Maureen T. McHugh
Maureen T. McHugh
Local Registrar

Not valid without the embossed seal of the DuPage County Health Department.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE