

# CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH

LAKE COUNTY  
 FILED FOR RECORD

STATE FILE NUMBER 2009 0074435 2011 AUG -2 AM 9:58 DATE ISSUED 11/04/2009

DECEDENT'S LEGAL NAME **CHARLES R BYQUIST** **2011 041341** SEX **MALE** DATE OF DEATH **OCTOBER 11, 2009**

COUNTY OF DEATH **COOK** AGE AT LAST BIRTHDAY **75 YEARS** DATE OF BIRTH **MAY 31, 1934**

CITY OR TOWN **CHICAGO** HOSPITAL OR OTHER INSTITUTION NAME **RUSH UNIVERSITY MEDICAL CENTER**

PLACE OF DEATH **INPATIENT**

BIRTHPLACE **CHICAGO, IL** SOCIAL SECURITY NUMBER **326-26-3594** MARITAL STATUS AT TIME OF DEATH **WIDOWED** SURVIVING SPOUSE'S NAME EVER IN U.S. ARMED FORCES? **YES**

RESIDENCE **7246 MAGOUN** APT. NO. CITY OR TOWN **HAMMOND** INSIDE CITY LIMITS? **YES**

COUNTY **LAKE** STATE **IN** ZIP CODE **46324** FATHER'S NAME **ROBERT E BYQUIST** MOTHER'S NAME PRIOR TO FIRST MARRIAGE **ROSE ANDERSON**

INFORMANT'S NAME **KRISS E BYQUIST** RELATIONSHIP **DAUGHTER** MAILING ADDRESS **423 FISHER PLACE UNIT D, MUNSTER, IN, 46321**

METHOD OF DISPOSITION **CREMATION** PLACE OF DISPOSITION **HERITAGE CREMATORY** LOCATION - CITY OR TOWN AND STATE **PORTAGE, IN** DATE OF DISPOSITION **OCTOBER 16, 2009**

FUNERAL HOME **AERO REMOVALS, 919 N. GARFIELD, LOMBARD, IL, 60148**

FUNERAL DIRECTOR'S NAME **CLARISSA MARIE GREENE** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034015405**

LOCAL REGISTRAR'S NAME **DAVID ORR** DATE FILED WITH LOCAL REGISTRAR **OCTOBER 15, 2009**

**CAUSE OF DEATH** PART I **NON-HODGKINS LYMPHOMA**

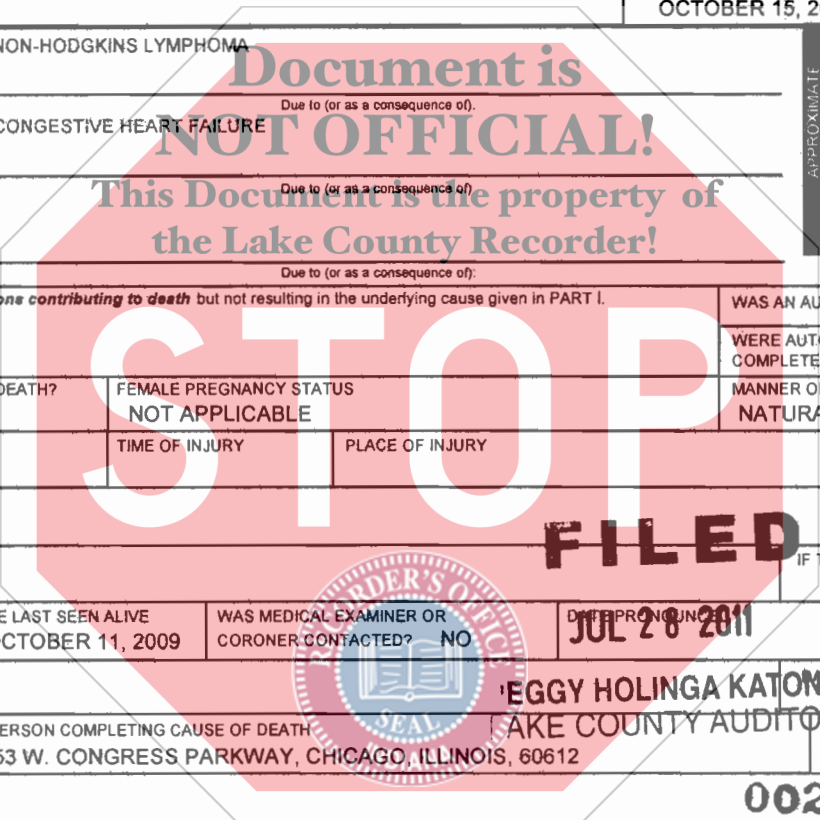
IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. \_\_\_\_\_

b. **CONGESTIVE HEART FAILURE** Due to (or as a consequence of).

c. \_\_\_\_\_

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**

DID TOBACCO USE CONTRIBUTE TO DEATH? **UNKNOWN** FEMALE PREGNANCY STATUS **NOT APPLICABLE** WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? **N/A**

DATE OF INJURY TIME OF INJURY PLACE OF INJURY MANNER OF DEATH **NATURAL**

LOCATION OF INJURY INJURY AT WORK?

DESCRIBE HOW INJURY OCCURRED: IF TRANSPORTATION INJURY, SPECIFY:

ATTEND THE DECEASED? **YES** DATE LAST SEEN ALIVE **OCTOBER 11, 2009** WAS MEDICAL EXAMINER OR CORONER CONTACTED? **NO** DATE OF DEATH **JUL 28 2011** TIME OF DEATH **11:06 PM**

CERTIFIER **PHYSICIAN** **EGGY HOLINGA KATON** CERTIFIED **OCTOBER 13, 2009**

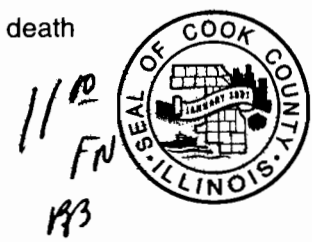
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH **DR. MELISSA LARSON, 1653 W. CONGRESS PARKWAY, CHICAGO, ILLINOIS, 60612** PHYSICIAN'S LICENSE NUMBER **036108941**

**002685**



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*  
 David Orr  
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

45-07-08-378-039.000-023  
 930112388