

CERTIFICATION OF DEATH RECORD

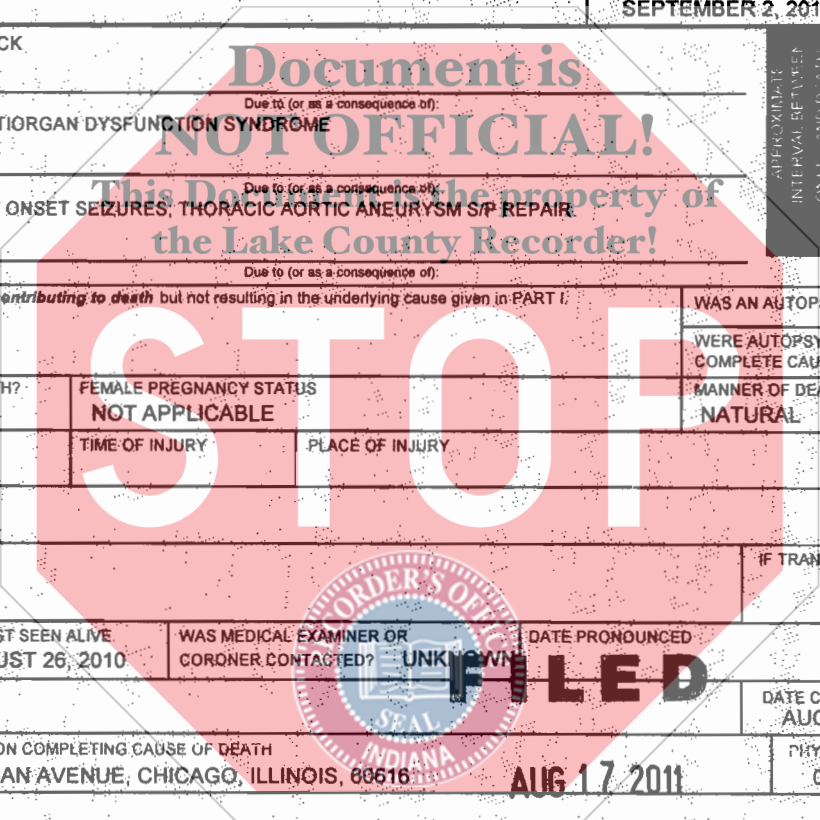
COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0063824

DATE ISSUED 09/08/2010

| | | | | | |
|---|--|--|--|---|--|
| DECEDENT'S LEGAL NAME ARMINTA M ORTEGA | | | SEX FEMALE | DATE OF DEATH AUGUST 27, 2010 | |
| COUNTY OF DEATH COOK | | AGE AT LAST BIRTHDAY 82 YEARS | DATE OF BIRTH DECEMBER 25, 1927 | | |
| CITY OR TOWN CHICAGO | | HOSPITAL OR OTHER INSTITUTION NAME MERCY HOSPITAL AND MEDICAL CENTER | | | |
| PLACE OF DEATH INPATIENT | | | | | |
| BIRTHPLACE CALUMET CITY, IL | | SOCIAL SECURITY NUMBER 306-28-0314 | MARITAL STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE'S NAME GILBERT ORTEGA | |
| RESIDENCE 7219 BIRCH AVENUE | | APT. NO. | CITY OR TOWN HAMMOND | | INSIDE CITY LIMITS? YES |
| COUNTY LAKE | STATE IN | ZIP CODE 46324 | FATHER'S NAME CARL T BASTION | | MOTHER'S NAME PRIOR TO FIRST MARRIAGE AZORAH ZACHARY |
| INFORMANT'S NAME MARY JURISIC | | RELATIONSHIP MEDICAL RECORDS | MAILING ADDRESS 2525 S MICHIGAN AVENUE, CHICAGO, IL, 60608 | | |
| METHOD OF DISPOSITION CREMATION | | PLACE OF DISPOSITION SOLAN PRUZIN CREMATORY | LOCATION - CITY OR TOWN AND STATE SCHERERVILLE, IN | | DATE OF DISPOSITION AUGUST 31, 2010 |
| FUNERAL HOME SOLAN PRUZIN FUNERAL HOME, 14 KENNEDY AVENUE, SCHERERVILLE, IN, 46375 | | | | | |
| FUNERAL DIRECTOR'S NAME DEAN G WAGNER | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014615 | | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 2, 2010 | | |
| <p>CAUSE OF DEATH PART I: SHOCK</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>a. _____ Due to (or as a consequence of):</p> <p>b. MULTIORGAN DYSFUNCTION SYNDROME</p> <p>c. NEW ONSET SEIZURES, THORACIC AORTIC ANEURYSM S/P REPAIR</p> <p>Due to (or as a consequence of):</p> | | | | | |
| 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? | | | | 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 AUGUST 26, 2010 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? UNKNOWN | DATE PRONOUNCED | TIME OF DEATH 09:39 AM | |
| CERTIFIER PHYSICIAN | | | | DATE CERTIFIED AUGUST 27, 2010 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH IMRAN NASAR, 2525 S MICHIGAN AVENUE, CHICAGO, ILLINOIS, 60616 | | | | PHYSICIAN'S LICENSE NUMBER 036091258 | |

2010 AUG 18 AM 10:13
 FILED
 DEPT. OF PUBLIC HEALTH
 CHICAGO, ILLINOIS



PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR 054861

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5324
RM

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.

David Orr
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM