

# CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2011 0064659

DATE ISSUED 09/01/2011

DECEDENT'S LEGAL NAME ANNA ELISABETH WILLIAMSON			SEX FEMALE	DATE OF DEATH AUGUST 26, 2011	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 48 YEARS	DATE OF BIRTH NOVEMBER 13, 1962		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL			
PLACE OF DEATH INPATIENT					
BIRTHPLACE RIVER ROUGE, MI	SOCIAL SECURITY NUMBER 382-70-1563	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME JOHN ERIC WILLIAMSON		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7553 LANE ST		APT. NO.	CITY OR TOWN MERRILLVILLE		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46410	FATHER'S NAME ADIS EUGENE LAWS		MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARY HOLLEY
INFORMANT'S NAME JOHN WILLIAMSON		RELATIONSHIP HUSBAND	MAILING ADDRESS 7553 LANE ST, MERRILLVILLE, IN, 46410		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION THE LAKES CREMATORY	LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION SEPTEMBER 03, 2011	
FUNERAL HOME A A RAYNER AND SONS SOUTH, 318 EAST 71ST STREET, CHICAGO, IL, 60619					
FUNERAL DIRECTOR'S NAME BRENDA L THACKER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014694		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 31, 2011		
<b>CAUSE OF DEATH</b> PART I: LYMPHOMA IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. PULMONARY HEMORRHAGE c. UNIDENTIFIED SYSTEMIC INFECTION 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.					
DID TOBACCO USE CONTRIBUTE TO DEATH?			WAS AN AUTOPSY PERFORMED? NO		
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
LOCATION OF INJURY			MANNER OF DEATH NATURAL		
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY		
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE AUGUST 26, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:33 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 31, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR JOHN CLULEY MD, 251 E HURON, CHICAGO, ILLINOIS, 60611				PHYSICIAN'S LICENSE NUMBER 125056043	



APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  
 2011 SEP 16 4:11 PM  
 FILED  
 11-00  
 95  
 44

Parcel # 45-12-18-378-003.000-030

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 028777

David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE