

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2012-0056761

DATE ISSUED 8/7/2012

DECEDENT'S LEGAL NAME JOAN V CAREY			SEX FEMALE	DATE OF DEATH JULY 30, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH MAY 18, 1935			
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER			
PLACE OF DEATH INPATIENT					
BIRTHPLACE GARY, IN	SOCIAL SECURITY NUMBER 308-36-0891	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 12020 BROWNS CANYON RD		APT. NO.	CITY OR TOWN CHATSWORTH		INSIDE CITY LIMITS? NO
COUNTY LOS ANGELES	STATE CA	ZIP CODE 91311	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EMORY EVANS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPHINE MARY VODOPIA	
INFIRMANT'S NAME PAULETTE EVANS THOMPSON		RELATIONSHIP NIECE	MAILING ADDRESS 10083 E DESERT CANYON DR, CHATSWORTH, CA 91311		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CALUMET PARK CEMETERY		LOCATION - CITY OR TOWN AND STATE MERRILLVILLE, IN	DATE OF DISPOSITION AUGUST 06, 2012	
FUNERAL HOME HEIGHTS CREMATORY, 230 E 11TH ST, CHICAGO HEIGHTS, IL, 60411					
FUNERAL DIRECTOR'S NAME JOHANNA MORGAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034018341		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 2, 2012		
CAUSE OF DEATH PART I: INTRACEREBRAL HEMORRHAGE <small>IMMEDIATE CAUSE (Final disease or condition resulting in death)</small> a. HYPERTENSION <small>Due to (or as a consequence of)</small> b. c. <small>Due to (or as a consequence of)</small> PART II: <small>Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</small>					
				WAS AN AUTOPSY PERFORMED? NO	
				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					
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 30, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:30 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED JULY 30, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR STUART BERGMAN BOCK, 1653 W CONGRESS, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 125059194	

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
David Orr
Cook County Clerk

