

CERTIFICATION OF DEATH RECORD

CITY OF HARVEY CITY CLERK'S OFFICE

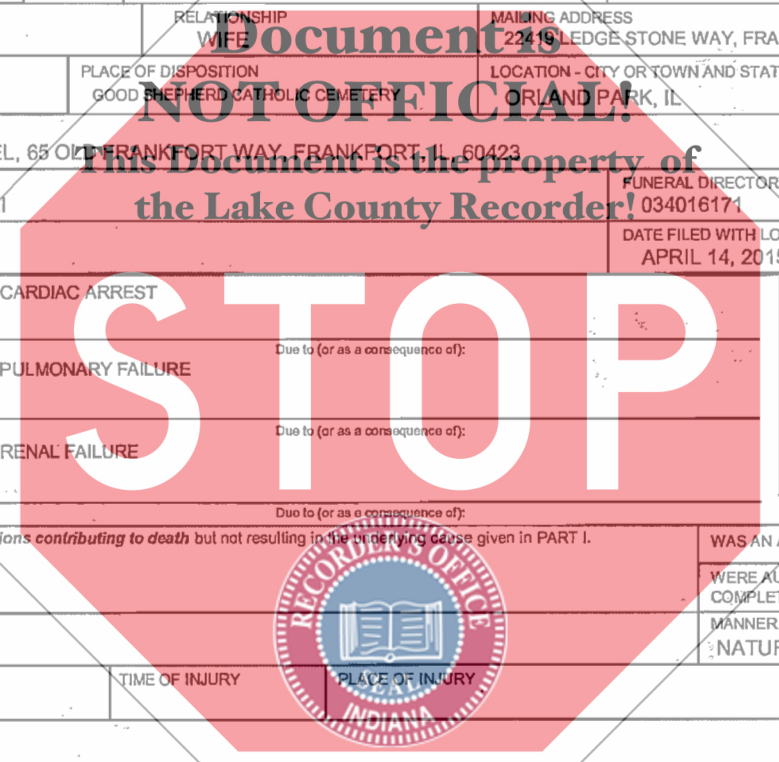
HARVEY, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0030349

DATE ISSUED 4/17/2015

DECEDENT'S LEGAL NAME EDWARD H MORAN SR			SEX MALE	DATE OF DEATH APRIL 05, 2015
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH JANUARY 09, 1940		
CITY OR TOWN HARVEY		HOSPITAL OR OTHER INSTITUTION NAME INGALLS MEMORIAL HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PATRICIA LIZZIO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 22419 LEDGE STONE WAY		APT. NO.	CITY OR TOWN FRANKFORT	INSIDE CITY LIMITS? YES
COUNTY WILL	STATE IL	ZIP CODE 60423	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN B MORAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DOROTHY A LANG
INFORMANT'S NAME PATRICIA MORAN		RELATIONSHIP WIFE	MAILING ADDRESS 22419 LEDGE STONE WAY, FRANKFORT, IL, 60423	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION GOOD SHEPHERD CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE ORLAND PARK, IL	DATE OF DISPOSITION APRIL 10, 2015	
FUNERAL HOME KURTZ MEMORIAL CHAPEL, 65 OLD FRANKFORT WAY, FRANKFORT, IL 60423				
FUNERAL DIRECTOR'S NAME JENNIFER L BERLONGIERI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016171	
LOCAL REGISTRAR'S NAME NANCY L CLARK			DATE FILED WITH LOCAL REGISTRAR APRIL 14, 2015	
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I.	CARDIAC ARREST		
	a.	Due to (or as a consequence of):		
	b.	PULMONARY FAILURE		
	c.	RENAL FAILURE		
Due to (or as a consequence of):				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
MANNER OF DEATH NATURAL			INJURY AT WORK?	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:35 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 09, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH AKBAR RAHMANI, 19550 GOVERNORS HWY, FLOSSMOOR, ILLINOIS, 60422			PHYSICIAN'S LICENSE NUMBER 036-052283	



D81848

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.

Nancy L. Clark

NANCY L. CLARK
LOCAL REGISTRAR

