





NOT AN OFFICIAL DEATH RECORD

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

STATE FILE NUMBER 2023 0019268

DATE ISSUED 3/8/2023

DECEDENT'S LEGAL NAME DANIEL ADAM RUDER		SEX MALE	DATE OF DEATH MARCH 01, 2023	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 66 YEARS	DATE OF BIRTH JULY 12, 1956		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF ILLINOIS HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE EAST CHICAGO, IN		SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/EX-LAUN PARTNER'S Maiden Name DEBORAH ANN HUTCHENS
RESIDENCE 1115 E HIGHWAY 330		APT. NO.	CITY OR TOWN GRIFFITH	EVER IN U.S. ARMED FORCES? NO
COUNTY LAKE	STATE IN	ZIP CODE 46319	FATHER'S PARENT'S NAME PRIOR TO FIRST MARRIAGE/EX-LAUN JACOB RUDER	MOTHER'S PARENT'S NAME PRIOR TO FIRST MARRIAGE/EX-LAUN ANN ORBAN
INFORMANT'S NAME DEBORAH ANN RUDER		RELATIONSHIP WIFE	MAILING ADDRESS 1115 E HIGHWAY 330, GRIFFITH, IN, 46319	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HILSDALE FUNERAL HOME & CREMATION CENTER		LOCATION - CITY OR TOWN AND STATE HIGHLAND, IN	DATE OF DISPOSITION MARCH 04, 2023
FUNERAL HOME BARON'S BURIALS INC., 13809 S KOSTNER AVE, CRESTWOOD, IL, 60418				
FUNERAL DIRECTOR'S NAME STEPHANIE A BARON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016703	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR MARCH 8, 2023	
<b>CAUSE OF DEATH</b>				
IMMEDIATE CAUSE First disease or condition resulting in death		PART I. COMPLICATIONS OF MULTIPLE MYELOMA		
a.		Due to (or as a consequence of)		
b.		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 relating to the underlying disease given in PART I.				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
PLACE OF INJURY			INJURY AT WORK?	
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED:				
ATTEND TO THE DECEASED? YES		DATE LAST SEEN ALIVE MARCH 01, 2023	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
CERTIFIER PHYSICIAN		DATE CERTIFIED MARCH 01, 2023		TIME OF DEATH 12:31 PM
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH GARCIA, KATHERINE ELIZABETH, 1740 WEST TAYLOR STREET, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 2497583

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE - EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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.

*Karen A. Yarbrough*  
Karen A. Yarbrough  
Cook County Clerk



ANY ALTERATION OR MEASURE VOIDING THIS CERTIFICATE