CERTIFICATION OF DEATH RECORD

STATE OF ILLINOIS

MEDICAL EXAMINER'S – CORONER'S CERTIFICATE OF DEATH

STATE FILE NUMBER

Ministry of Foreign Affairs, Pakistan
HQ10731an

REGISTRATION DISTRICT NO.	22.0
REGISTERED NUMBER	1513

Field	Entry
1. DECEASED–NAME (FIRST, MIDDLE, LAST)	Khursheed Alam Khan
2. SEX	Male
3. DATE OF DEATH (MONTH, DAY, YEAR)	April 7, 1998
4. COUNTY OF DEATH	DuPage
5a. AGE–LAST BIRTHDAY (YRS)	69
5b. UNDER 1 YEAR (MOS. / DAYS)	
5c. UNDER 1 DAY (HOURS / MIN.)	
5d. DATE OF BIRTH (MONTH, DAY, YEAR)	November 22, 1928
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	Downers Grove
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	Good Samaritan Hospital
6c. IF HOSP. OR INST. INDICATE D.O.A., OP/EMER. RM. INPATIENT (SPECIFY)	Inpt.
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	Pakistan
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	Gulam Chaudry
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	No
10. SOCIAL SECURITY NUMBER	334-50-0923
11a. USUAL OCCUPATION	Cartographer
11b. KIND OF BUSINESS OR INDUSTRY	U.S. Gov't
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) / College (1-4 or 5+)	12
13a. RESIDENCE (STREET AND NUMBER)	1111 Bristol Ct.
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.	Wheaton
13c. INSIDE CITY (YES/NO)	Yes
13d. COUNTY	DuPage
13e. STATE	IL
13f. ZIP CODE	60187
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	Asian
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	[X] NO ☐ YES SPECIFY:
15. FATHER–NAME (FIRST, MIDDLE, LAST)	Mahboob Alam Khan
16. MOTHER–NAME (FIRST, MIDDLE, (MAIDEN) LAST)	Akbar Jan Khan
17a. INFORMANT'S NAME (TYPE OR PRINT)	Maqsood Khan
17b. RELATIONSHIP	Son
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	427 Aristocrat, Bolingbrook, IL 60490

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

	Cause	Approximate interval between onset and death
Immediate Cause (Final disease or condition resulting in death) (a)	CARDIOMYOPATHY	years
DUE TO, OR AS A CONSEQUENCE OF (b)	ARTERIOSCLEROTIC HEART DISEASE	years
DUE TO, OR AS A CONSEQUENCE OF (c)		

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

Checked by Hamid Maqsood
Section Officer (Cons-IV)

COUNTERSIGNED ONLY
Ministry of Foreign Affairs is not responsible for the contents

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: DIABETES MELLITUS, HYPERTENSION & RENAL INSUFFICIENCY

Field	Entry
19a. AUTOPSY (YES/NO)	No
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY)	Natural
20b. DATE OF INJURY (MONTH, DAY, YEAR)	4/4/98
20c. HOUR	9:40 P.M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)	Driver: Auto vs. Auto collision
20e. INJURY AT WORK (YES/NO)	No
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)	Roadway
20g. LOCATION (CITY, VIL. OR TOWN OR TWP., ROAD DIST. NO., COUNTY, STATE)	Butterfield at Lambert Rd., Wheaton, DuPage Co. IL
20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	YES ☐ NO ☐

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT . . .

Field	Entry
21b. THE DECEDENT WAS PRONOUNCED DEAD ON (MONTH, DAY, YEAR)	April 7, 1998
21c. AT	12:43 P.M.
22a. CORONER'S–MEDICAL EXAMINER'S SIGNATURE	Richard R. Ballinger — [signature] Chief Deputy
22b. DATE SIGNED (MONTH, DAY, YEAR)	May 14, 1998
23a. CORONER'S PHYSICIAN'S NAME (Type or Print)	
23b. DATE SIGNED (MONTH, DAY, YEAR)	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	Burial
24b. CEMETERY OR CREMATORY–NAME	Arlington
24c. LOCATION (CITY OR TOWN, STATE)	Elmhurst, IL
24d. DATE (MONTH, DAY, YEAR)	4/8/98
25a. FUNERAL HOME (NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP)	Brust F.H., 135 S. Main St., Lombard, IL 60148
25b. FUNERAL DIRECTOR'S SIGNATURE	Rory McKeown
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	034-014391
26a. LOCAL REGISTRAR'S SIGNATURE	David R. McHatton — Dep. Judith Johnson [signatures]
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	MAY 18 1998

VR202 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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.

SEP 06 2017

[signature]
Paul Hinds
County Clerk

23 JUN 20[illegible]

THE COUNTY OF DUPAGE — WHEATON, ILLINOIS

ILLINOIS DEATH CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE