

STATE OF ILLINOIS

STATE FILE  
NUMBERMEDICAL EXAMINER'S - CORONER'S  
CERTIFICATE OF DEATH

620832

REGISTRATION  
DISTRICT NO. **16.10**  
REGISTERED  
NUMBER

CASE #: 327 DEC 1997

DECEASED -NAME 1. <b>CHRISTOPHER CROSBY FARLEY</b>			SEX 2. <b>MALE</b>	DATE OF DEATH 3. <b>DEC 18, 1997</b>	
COUNTY OF DEATH			AGE - LAST BIRTHDAY (YR) 5a. <b>33</b>	UNDER 1 YEAR MOE 5b.	UNDER 1 DAY HOURS 5c.
4. <b>COOK</b>			DATE OF BIRTH (MONTH DAY, YEAR) 5d. <b>FEB 15, 1964</b>		
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. <b>CHICAGO</b>			HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN EITHER, GIVE STREET AND NUMBER 6b. <b>SCENE 175 E. DELAWARE</b>		IF HOSP. OR HST., INDICATE S.U.A., OPERICAL RM., INPATIENT (SPECIFY)
BIRTHPLACE - CITY AND STATE OR FOREIGN COUNTRY 7. <b>MADISON, WI</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <b>NEVER MARRIED</b>	NAME OF SURVIVING SPOUSE 8b. <b>NONE</b>		IF DECEASED EVER IN U.S. ARMED FORCES (YES/NO) 9. <b>NO</b>
SOCIAL SECURITY NUMBER 10. <b>398-70-8454</b>		USUAL OCCUPATION 11a. <b>ACTOR</b>	KIND OF BUSINESS OR INDUSTRY 11b. <b>THEATER</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <b>12</b> 04
RESIDENCE - STREET AND NUMBER 13a. <b>175 E DELAWARE</b>			CITY, TOWN, OR ROAD DISTRICT NO. 13b. <b>CHICAGO</b>	INSIDE CITY (YES/NO) 13c. <b>YES</b>	COUNTY 13d. <b>COOK</b>
STATE 13a. <b>ILLINOIS</b>	ZIP CODE 13f. <b>60611</b>	RACE - WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY) 14a. <b>WHITE</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY.		
FATHER -NAME 15. <b>THOMAS FARLEY</b>			MOTHER -NAME 16. <b>MARY ANNE CROSBY</b>		
INFORMANT'S NAME (TYPE OR PRINT) 17a. <b>PEGGY SCHWARTZ</b>			RELATIONSHIP 17b. <b>MED REC</b>	MARITAL STATUS 17c. <b>CHICAGO, IL 60612</b>	
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.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <b>OPIATE AND COCAINE INTOX</b> 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 significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
<b>CORONARY ATHEROSCLEROSIS</b>					
HISTORICAL ACCIDENT, HOSPITAL, SURGICAL, UNDERLYING (SPECIFY)		DATE OF INJURY (MONTH DAY, YEAR)	HOUR	HOW INJURY OCCURRED (SPECIFY IN PART I OR PART II ITEM 20d.)	
20a. <b>ACCIDENT</b>		20b. <b>DEC 18, 1997</b>	20c. <b>2:00 PM.</b>	20d. <b>OPIATES AND COCAINE</b>	
INJURY AT WORK (YES/NO) 20e. <b>NO</b>		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f. <b>APARTMENT</b>	LOCATION - CITY, VIL OR TOWN, OR RD. DIST. NO., COUNTY, STATE 20g. <b>CHICAGO, COOK, IL</b>		IF FEMALE, WAS THERE A PREG- NANCY IN PAST THREE MONTHS? 20h. YES <input type="checkbox"/> NO <input type="checkbox"/>
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT . . . . .			THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR 21b. <b>DEC 18, 1997</b>		AT 21c. <b>3:45 PM.</b>
MEDICAL EXAMINER'S SIGNATURE 22. <b>E. M. Donoghue, M.D.</b>			DATE SIGNED (MONTH DAY, YEAR) 22b. <b>JAN 2, 1998</b>		
PHYSICIAN'S SIGNATURE 23a. <b>EDMUND R DONOGHUE, M.D.</b>			DATE SIGNED (MONTH DAY, YEAR) 23b. <b>JAN 2, 1998</b>		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>ENTOMBMENT</b>		CEMETERY OR CREMATORY-NAME 24b. <b>RESURRECTION</b>		LOCATION - CITY OR TOWN 24c. <b>MADISON, WISCONSIN</b>	DATE (MONTH DAY, YEAR) 24d. <b>DEC 23, 1997</b>
FUNERAL HOME 25a. <b>JOHNSON WILLIAMS F.S. 634 W 37TH STREET CHICAGO, ILLINOIS 60609</b>					
FUNERAL DIRECTOR'S SIGNATURE 25b. <b>Melissa Johnson Williams</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <b>034-011286</b>		
LOCAL REGISTRAR'S SIGNATURE 26a. <b>Sheila Dye, RSM</b>			DATE FILED BY LOCAL REGISTRAR (MONTH DAY, YEAR) 26b. <b>JAN 05 1998</b>		