

902415

STATE OF ILLINOIS

STATE FILE
NUMBER

621894

REGISTRATION
DISTRICT NO. 16.10REGISTERED
NUMBER

MEDICAL CERTIFICATE OF DEATH

October 31, 1986.

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

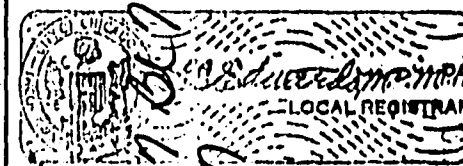
1. DECEASED—NAME FIRST MIDDLE LAST DOROTHY JANCOSK		2. SEX FEMALE	3. DATE OF DEATH (MONTH, DAY, YEAR) OCTOBER 29, 1986
4. RACE—WHITE, BLACK, AMERICAN INDIAN OR DESCENT (SPECIFY) WHITE AMERICAN		5. AGE—(MONTHS, DAYS, HOURS, MIN.) 65	6. DATE OF BIRTH (MO., DAY, YEAR) FEB. 17, 1921
7a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		7b. COUNTY OF DEATH Cook	
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) PENNSYLVANIA		9. CITIZEN OF WHAT COUNTRY UNITED STATES	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED
11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) JOHN JANCOSK		12. SOCIAL SECURITY NUMBER 312-18-2777	
13a. USUAL OCCUPATION SECRETARY		13b. KIND OF BUSINESS OR INDUSTRY UNIV. OF CHICAGO	13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) YES
14a. RESIDENCE STREET AND NUMBER 1539 WARWICK		14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. HAMMOND	14c. INSIDE CITY (YES/NO) YES
15. FATHER—NAME FIRST MIDDLE LAST JOSEPH PORACKY		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST JOSEPHINE KRULL	
17a. INFORMANT NAME (TYPE OR PRINT) JENNIFER MURDOCK		17b. RELATIONSHIP HOSPITAL RECORDS	17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 5841 MARYLAND CHICAGO, ILLINOIS 60637
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE			
(a) CARDIOPULMONARY ARREST DUE TO OR AS A CONSEQUENCE OF:			4 MINUTES
(b) RIGHT VENTRICULAR HEART ATTACK DUE TO OR AS A CONSEQUENCE OF:			10 DAYS
(c) CORONARY ARTERY DISEASE			4 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
19a. AUTOPSY (YES/NO) NO		19b. IF YES, USE FINGERED CODED IN DETERMINING CAUSE OF DEATH ***	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON OCTOBER 29, 1986		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) NO	
21c. HOUR OF DEATH 12:30 A M.		21d. IF FEMALE, WAS THERE A PREG. NANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER ROBERT W. PANTON 5841 MARYLAND CHICAGO, ILLINOIS 60637			22b. DATE SIGNED (MO., DAY, YR.) 10/29/1986
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) JAFAR AL-SADIR			22d. ILLINOIS LICENSE NUMBER T-019649
23. BURIAL, CREMATION, REMOVAL 24a. BURIAL			23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
24b. CEMETERY OR CREMATORY—NAME CALUMET PARK CEMETERY		24c. LOCATION MERRILLVILLE, INDIANA	24d. DATE (MONTH, DAY, YEAR) NOV 3, 1986
25a. FUNERAL HOME HENNESSY-HORNBERG FUNERAL HOME, 244 EAST 138th STREET, (RIVERDALE) CHICAGO, IL		25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 7030	
26a. LOCAL REGISTRAR'S SIGNATURE 26b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) OCT 31 1986			

I, LONNIE C. EDWARDS M.D. M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

FILED

FEB 17 1987

Lonnie C. Edwards
AUDITOR LAKE COUNTY



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

Park View
add 7 30
A101 Rt
35-226

RECORDED
INDEXED
OCT 23 AM '86

RICHARD J BLASTICK
LAKE COUNTY
DPRM 463007

DEPARTMENT OF HEALTH CITY OF CHICAGO

1539 Warwick Ave
Chicago 46394

953