

REGISTRATION DISTRICT NO. **16.10** MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTERED NUMBER **098535** 236 MAR '90

DECEASED-NAME FIRST MIDDLE LAST PANAGIOTA P. KOUNELIS. SEX 2. FEMALE DATE OF DEATH 3. MARCH 11, 1990

COUNTY OF DEATH 4. Cook AGE-LAST BIRTHDAY (YRS) 5a. 62 UNDER 1 YEAR 5b. UNDER 1 DAY 5c. DATE OF BIRTH (MONTH DAY, YEAR) 5d. July 16 1927

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Chicago HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Bernard Mitchell IF HOSP OR INST, INDICATED DO A, OP EM (IF INPATIENT (SPECIFY)) 6c. inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Greece MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Widowed NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. None (WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO) 9 No

SOCIAL SECURITY NUMBER 10. 312-34-7922 USUAL OCCUPATION 11a. Retired KIND OF BUSINESS OR INDUSTRY 11b. School City EDUCATION (SPECIFY FORM, Y, HIGHEST GRADE COMPLETED) 12. 0-12

RESIDENCE (STREET AND NUMBER) 13a. 1029 Wheeler CITY, TOWN, OR ROAD DISTRICT NO. 13b. Griffith INSIDE CITY (YES NO) 13c. YES COUNTY 13d. Lake

STATE 13e. Indiana ZIP CODE 13f. 46319 RACE (WHITE, BLACK, AMERICAN INDIAN, etc) (SPECIFY) 14a. WHITE OF HISPANIC ORIGIN? (SPECIFY YES OR NO) 14b. NO IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc

FATHER-NAME FIRST MIDDLE LAST 15. Frank Geros MOTHER-NAME FIRST MIDDLE LAST 16. Alexandra Kotsios

INFORMANT'S NAME (TYPE OR PRINT) 17a. Mary Rubasha RELATIONSHIP 17b. Daughter MAILING ADDRESS (STREET AND NO., CITY OR TOWN, STATE, ZIP) 17c. 8990 Tapper St. St. John, Ind.

18. PART I. Enter the disease, injury, 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.

Immediate Cause (Final disease or condition resulting in death) (a) THERMAL BURNS DUE TO, OR AS A CONSEQUENCE OF (b) CLOTHING CATCHING FIRE DUE TO, OR AS A CONSEQUENCE OF (c)

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a. ACCIDENT DATE OF INJURY (MONTH, DAY, YEAR) 20b. DECEMBER 14, 1989 HOUR 20c. 11:15 A.M. HOW INJURY OCCURRED (PART I OR PART II, ITEM 18) 20d. CLOTHING CATCHING FIRE

INJURY AT WORK (YES NO) 20e. NO PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f. RESIDENCE LOCATION (CITY, VIL, OR TOWN, OR TWP, OR RD DIST NO., COUNTY, STATE) 20g. Griffith LAKE CITY INDIANA

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

21a. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR 21b. MARCH 11 1990 21c. 11:17 P.M.

22a. MEDICAL EXAMINER'S SIGNATURE [Signature] DATE SIGNED (MONTH, DAY, YEAR) 22b. MARCH 13, 1990

23a. CORONER'S PHYSICIAN'S SIGNATURE MICHAEL J. CHAMBLISS, M.D. DATE SIGNED (MONTH, DAY, YEAR) 23b.

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial CEMETERY OR CREMATORY-NAME 24b. Mt. Mercy Cemetery LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c. Gary, Ind. 24d. 3-19-90

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Brown Funeral Home, 2939 East 95th Chicago, Il. 60617

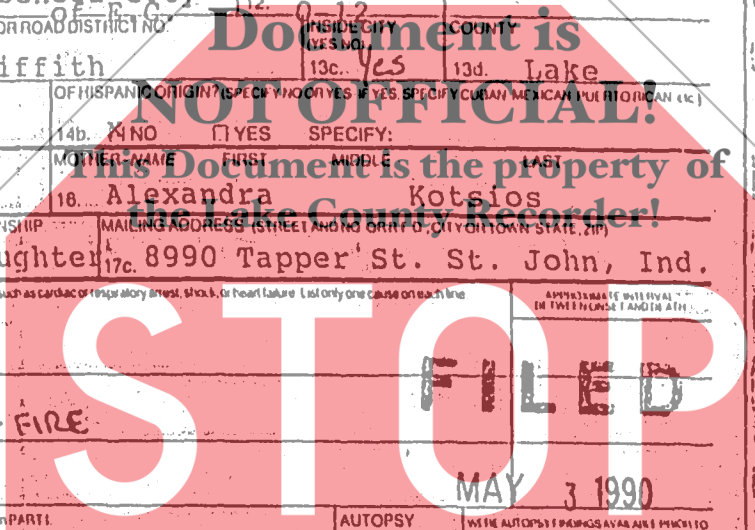
FUNERAL DIRECTOR'S SIGNATURE [Signature] DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. JAMES W. MASTERSON DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAR 15 1990

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MAR 15 1990

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, JAMES W. MASTERSON, M.P.H., ACTING 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.



RECORDED
INDEXED
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3 16 29 APR 1990 # 20-243-9
ALL L. STI
3RD ADD. TO GRIFFITH

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

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DEPARTMENT OF HEALTH - CITY OF CHICAGO