

STATE OF ILLINOIS
County of Cook,

ss.

DAVID D. ORR. County Clerk

H 452007 LD

①

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

91024005

David D. Orr

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

STATE OF ILLINOIS

U42UU

STATE FILE NUMBER

84 034999

MEDICAL CERTIFICATE OF DEATH

1. DECEASED—NAME: JULIA J. TOTHFALUSI, 2. FEMALE, DATE OF DEATH: JUNE 02, 1984

3. RACE: WHITE, NATIONAL OR DESCENT: American, AGE: 65, DATE OF BIRTH: FEBRUARY 11, 1918, COUNTY OF DEATH: COOK

4. CITY, TOWN, TWP. OR RURAL: OLYMPIA FIELDS, HOSPITAL NUMBER: OLYMPIA FIELDS OSTEOPATHIC MEDICAL CENTER, STATUS: INPATIENT

5. STATE OF DEATH: Illinois, 6. CITIZEN OF THAT COUNTRY: USA, 7. MARRIED: MARRIED, 8. SURVIVORS: Michael Tothfalusi

9. SOCIAL SECURITY NUMBER: 342-16-2570, 10. USUAL RESIDENCE: Homemaker, Own Home, 11. ADDRESS FOREIGN: None

12. RESIDENCE STREET AND NUMBER: 3622 WIRTH RD, CITY, TOWN, OR ROAD: HIGHLAND, COUNTY: Lake, STATE: INDIANA

13. FATHER—NAME: Frank Somodi, 14. MOTHER—MAIDEN NAME: Elizabeth Szatmary

15. INFORMANT NAME (TYPE OR PRINT): DONNA BRUTTI, RELATIONSHIP: ADMITTING, MAILING ADDRESS: 20201 SOUTH CRAWFORD, OLYMPIA FIELDS, IL

16. DEATH WAS CAUSED BY: (PART I) (a) Cardiac Shock, 48 hours

(b) Acute Myocardial Infarction, 48 hours

(c) Atherosclerotic Heart Disease, 7 years

17. PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I

18. DATE OF OPERATION; IF ANY, MAJOR FINDINGS OF OPERATION

19. (I DID) (I DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 6-2-84, HOUR OF DEATH: 6:50 PM

20. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: 6-3-84

21. SIGNATURE: Ronald L. Walsh D.O., NAME AND ADDRESS OF CERTIFIER: 20201 S. CRAWFORD AVE, OLYMPIA FIELDS, IL 60461

22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

23. BURIAL CREATION: REMOVAL (OPTION): Burial, 24. CEMETERY OR CREMATORY—NAME: Chapel Lawn, LOCATION: Schererville Indiana, DATE: June 6, 1984

25. FUNERAL HOME: COMMUNITY-OPYT Funeral Home, 14338 S. Indiana Ave. Riverdale Illinois 60627

26. FUNERAL DIRECTOR'S SIGNATURE: Thomas [Signature], 7999

27. LOCAL HEALTH OFFICER'S SIGNATURE: [Signature]

28. URBAN REVIEWER'S SIGNATURE: [Signature]

se 1/4
N 1/2 Ne 1/4
S 1/2
Sec 27-36-9



921A