

94022928

Dean Michals

768 South Wolf Road  
Des. Plaines  
Ill. 60016

REGISTRATION DISTRICT NO. 160		STATE OF ILLINOIS			STATE FILE NUMBER	
REGISTERED NUMBER						
<b>MEDICAL CERTIFICATE OF DEATH</b>						
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Jennie				Kokkines	2 Female	3. March 4, 1994
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook		5a. 92	5b. MOVS	5c. HOURS MIN	5d. January 1, 1902	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)			IF HOSP OR INST INDICATE D O A OP, EMER, RM, INPATIENT (SPECIFY)	
6a. Des Plaines		6b. Holy Family Hospital			6c. DOA	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		WAS DECEASED EVER IN U S ARMED FORCES (YES/NO)	
7. Norway		8a. Widowed	8b. None		9. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
10. 351-24-0049D		11a. Homemaker	11b. Own Home	12. 8 yrs		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO		INSIDE CITY (YES/NO)	COUNTY	
13a. 768 S. Wolf Road		13b. Des Plaines		13c. Yes	13d. Cook	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. Illinois		13f. 60016	14a. White	14b. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—NAME	
15. Gunwald				Benson	16. N/A	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. Dean Michals		17b. Grandson		17c. 768 S. Wolf Rd, Des Plaines, Ill		
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as shock, or heart failure. List only one cause on each line.						
Immediate Cause (Final disease or condition resulting in death)		(a) Congestive heart failure				
		DUE TO, OR AS A CONSEQUENCE OF				
		(b) Ventricular Dysrhythmia				
		DUE TO, OR AS A CONSEQUENCE OF				
		(c) pneumonia				
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				
		19. Alpha-narcotic type narcotic				
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a. NA		20b. NA		19a. No 19b. No		
WHO (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH
21a. 3/2/94				21b. YES		21c. 3:41 PM
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			DATE SIGNED (MONTH, DAY, YEAR)	
22b. 3/5/94		CHRISTIAN A. DAWELS, M.D., P.C. FAHER MEDICAL CENTER			22c. 3/5/94	
22c. 036-07368		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED		
22d. DES PLAINES, ILLINOIS 60016						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE
24a. Burial		24b. Elmwood Cemetery		24c. River Grove, Illinois	24d. March 7, 1994	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE
25a. Oehler Funeral Home		555 Lee Street		Des Plaines, Illinois		60016
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25b. Joseph Oswald		25c. 11659			26b. 3/6/94	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. [Signature]						

See the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth stillbirth and death.

Signed

At Cook County Department of Health Official Title Chief Deputy Registrar  
11010 Lake Street Oak Park, IL 60301

Date MAR 08 1994

Key# 25-253-43-46  
25-253-17-20

FILED

MAR 28 1994

Oswald N. Gordon

