

Certified Copy of a Death Record

FILED FOR RECORD

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 1692 2000 055206	STATE OF ILLINOIS	2000 AUG -3 PM 1:15	STATE FILE NUMBER	
	REGISTERED NUMBER 436	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A DECEASED B C D E F G H I J K L M N O P Q R S T U V W X Y Z AA AB AC AD AE AF AG AH AI AJ AK AL AM AN AO AP AQ AR AS AT AU AV AW AX AY AZ BA BB BC BD BE BF BG BH BI BJ BK BL BM BN BO BP BQ BR BS BT BU BV BW BX BY BZ CA CB CC CD CE CF CG CH CI CJ CK CL CM CN CO CP CQ CR CS CT CU CV CW CX CY CZ DA DB DC DD DE DF DG DH DI DJ DK DL DM DN DO DP DQ DR DS DT DU DV DW DX DY DZ EA EB EC ED EE EF EG EH EI EJ EK EL EM EN EO EP EQ ER ES ET EU EV EW EX EY EZ FA FB FC FD FE FF FG FH FI FJ FK FL FM FN FO FP FQ FR FS FT FU FV FW FX FY FZ GA GB GC GD GE GF GG GH GI GJ GK GL GM GN GO GP GQ GR GS GT GU GV GW GX GY GZ HA HB HC HD HE HF HG HH HI HJ HK HL HM HN HO HP HQ HR HS HT HU HV HW HX HY HZ IA IB IC ID IE IF IG IH II IJ IK IL IM IN IO IP IQ IR IS IT IU IV IW IX IY IZ JA JB JC JD JE JF JG JH JI JJ JK JL JM JN JO JP JQ JR JS JT JU JV JW JX JY JZ KA KB KC KD KE KF KG KH KI KL KM KN KO KP KQ KR KS KT KU KV KW KX KY KZ LA LB LC LD LE LF LG LH LI LJ LK LL LM LN LO LP LQ LR LS LT LU LV LW LX LY LZ MA MB MC MD ME MF MG MH MI MJ MK ML MN MO MP MQ MR MS MT MU MV MW MX MY MZ NA NB NC ND NE NF NG NH NI NJ NK NL NM NN NO NP NQ NR NS NT NU NV NW NX NY NZ OA OB OC OD OE OF OG OH OI OJ OK OL OM ON OO OP OQ OR OS OT OU OV OW OX OY OZ PA PB PC PD PE PF PG PH PI PJ PK PL PM PN PO PP PQ PR PS PT PU PV PW PX PY PZ QA QB QC QD QE QF QG QH QI QJ QK QL QM QN QO QP QQ QR QS QT QU QV QW QX QY QZ RA RB RC RD RE RF RG RH RI RJ RK RL RM RN RO RP RQ RR RS RT RU RV RW RX RY RZ SA SB SC SD SE SF SG SH SI SJ SK SL SM SN SO SP SQ SR SS ST SU SV SW SX SY SZ TA TB TC TD TE TF TG TH TI TJ TK TL TM TN TO TP TQ TR TS TT TU TV TW TX TY TZ UA UB UC UD UE UF UG UH UI UJ UK UL UM UN UO UP UQ UR US UT UY UZ VA VB VC VD VE VF VG VH VI VJ VK VL VM VN VO VP VQ VR VS VT VU VV VW VX VY VZ WA WB WC WD WE WF WG WH WI WJ WK WL WM WN WO WP WQ WR WS WT WU WV WW WX WY WZ XA XB XC XD XE XF XG XH XI XJ XK XL XM XN XO XP XQ XR XS XT XU XV XW XX XY XZ YA YB YC YD YE YF YG YH YI YJ YK YL YM YN YO YP YQ YR YS YT YU YV YW YX YY YZ ZA ZB ZC ZD ZE ZF ZG ZH ZI ZJ ZK ZL ZM ZN ZO ZP ZQ ZR ZS ZT ZU ZV ZW ZX ZY ZZ	DECEASED - NAME FIRST MIDDLE LAST 1. DOROTHY DIGIACOMO	SEX 2. FEMALE	DATE OF DEATH (MONTH DAY YEAR) 3. APRIL 3, 1991		
	COUNTY OF DEATH 4. COOK	AGE - LAST BIRTHDAY (YRS) 5a. 57	UNDER 1 YEAR MOB DAYS 5b.	UNDER 1 DAY HOURS MIN 5c.	DATE OF BIRTH (MONTH DAY YEAR) 5d. FEBRUARY 8, 1934
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. PROVISO TOWNSHIP	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G. MCGAW HOSPITAL		IF HOSP. OR INST. INDICATE D.O.A. OPEREM. PM. INPATIENT (SPECIFY) 6c. INPATIENT	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, Il.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. MARIO R.		WAS DECEASED EVER IN ARMED FORCES? (YES) 9. No
	SOCIAL SECURITY NUMBER 10. 338-26-2396	USUAL OCCUPATION 11a. Homemaker	KIND OF BUSINESS OR INDUSTRY 11b. Own Home	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (0-12) 12. 10 College (14 or 5+) 13d. Lake	
	RESIDENCE (STREET AND NUMBER) 13a. 221 CARNATION	CITY, TOWN, TWP. OR ROAD DISTRICT NO 13b. DYER	INSIDE CITY (YES/NO) 13c. Yes		
	STATE 13e. INDIANA	ZIP CODE 13f. 46311	RACE (WHITE, BLACK, AMERICAN INDIAN (SPECIFY)) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN) 14b. NO	
	FATHER - NAME FIRST MIDDLE LAST 15. Nicholas Sopcich	MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST 16. Mary Grbac			
	INFORMANT'S NAME (TYPE OR PRINT) 17a. MARIA P. NUMIKOS	RELATIONSHIP 17b. HOSPITAL RECORDS	MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c. 2160 S. 1ST AVENUE MAYWOOD, IL 601		
	18. PART I. Enter the disease, 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) Acute Myocardial infarct		DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4-10 hr	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) severe arteriosclerosis of coronary arteries		DUE TO, OR AS A CONSEQUENCE OF			
FILED					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
DATE OF OPERATION IF ANY 20a. 3/3/91	MAJOR FINDINGS OF OPERATION 20b. Pulmonary embolism	AUTOPSY (YES/NO) 19a. yes	WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES/NO		
IF YOU DID NOT ATTEND THE DECEASED AND LAST SAW HIM (HER) ALIVE ON 21a. 4/3/91	PE (PHYSICIAN EXAMINER NOTIFIED) (YES/NO) 21b. YES	HOUR OF DEATH 21c. 12:15 P.M.	DATE SIGNED (MONTH DAY YEAR) 21d. 4/3/91		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED					
SIGNATURE 22a. [Signature]		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. DR. R. PEARRE		ILLINOIS LICENSE NUMBER 22d. 125-024878			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY NAME 24b. Chapel Lawn Mem. Grd	LOCATION 24c. Schererville, Ind.	DATE (MONTH DAY YEAR) 24d. 4-6-91		
FUNERAL HOME NAME 25a. MRAZEK & RUSS FUNERAL SERVICE		STREET AND NUMBER OR R.F.D. 3601 W. DIVERSEX	CITY OR TOWN CHICAGO, ILL.	STATE 60647	
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 9695			
DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26c. April 4, 1991		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26d. April 4, 1991			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that the record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **APR 4 1991** SIGNED **[Signature]**

AT **Brookview, Ill. 60052** OFFICIAL TITLE **Local Registrar of Vital Statistics**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to take certifications from copies of the original record. The Illinois statute provides that a certification of a copy issued by the Registrar of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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