

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED'S BIRTH NO. REGISTRATION DISTRICT NO. 16.83
 REGISTERED NUMBER 712

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

1. DECEASED-NAME FIRST MIDDLE LAST DATE OF DEATH (MONTH, DAY, YEAR)
 MARTIN E. SOHOVICH MALE 3. JUNE 8, 1997

2. COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
 4. COOK 5a. 67 5b. 5c. 5d. JULY 10, 1929

3. CITY, TOWN, TWP. OR COUNTY DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION CITY, TOWN, TWP. OR ROAD DISTRICT NO. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
 6a. EVANSTON 6b. EVANSTON HOSPITAL 6c. INPATIENT

4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SUTURING SURGEON (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
 7. GARY, INDIANA 8a. MARRIED 8b. VICTOR DR. BARUCKI 9. NO

5. SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
 10. 305-30-4383 11a. RETAIL SALES 11b. SEARS ROEBUCK 12. 12

6. RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
 13a. 2015 W. 82ND PLACE 13b. MERRILLVILLE 13c. YES 13d. LAKE

7. 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. INDIANA 13f. 46410 14a. WHITE 14b. NO YES SPECIFY:

8. FATHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST MOTHER-NAME FIRST MIDDLE LAST
 15. JOSEPH SOHOVICH 16. ELIZABETH MARIO

9. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
 17a. VICTORIA SOHOVICH 17b. WIFE 17c. 2015 W. 82ND PL, MERRILLVILLE, IN 46410

10. PART I. Enter the diseases, 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

11. Immediate Cause (Final disease or condition resulting in death) (a) Ischemic Dilated Cardiomyopathy 3 years
 (b) Myocardial Infarction 3 years
 (c) Coronary Artery Disease Many yrs

12. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF

13. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
 19a. No 19b. No

14. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
 20a. 20b. 20c. YES NO

15. (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
 21a. 6/6/97 21b. No 21c. 6:15 A.M.

16. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
 22a. SIGNATURE Randall E. Williams 22b. 6/10/97

17. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
 22c. Randall E. Williams 2650 Ridge Ave Evanston, IL 60201 22d. 036091021

18. 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.

19. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 24a. BURIAL 24b. CALUMET PARK 24c. MERRILLVILLE, INDIANA 24d. JUNE 11, 1997

20. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25a. DONNELLAN FAMILY FUNERAL SERVICES 10045 SKOKIE BLVD. SKOKIE, ILLINOIS 60077

21. FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25b. Edward J. Donnellan 25c. 034-008260

22. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26a. Janice Brown 26b. June 11, 1997

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

DATE JUNE 11, 1997 SIGNED Janice Brown LOCAL REGISTRAR
 AT EVANSTON, Illinois OFFICIAL TITLE

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 make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

VR-2010 (1978) OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

R Bruce Woodward 2621 W. Lincoln Hwy Meral 001694 46410 9-07/10 2392