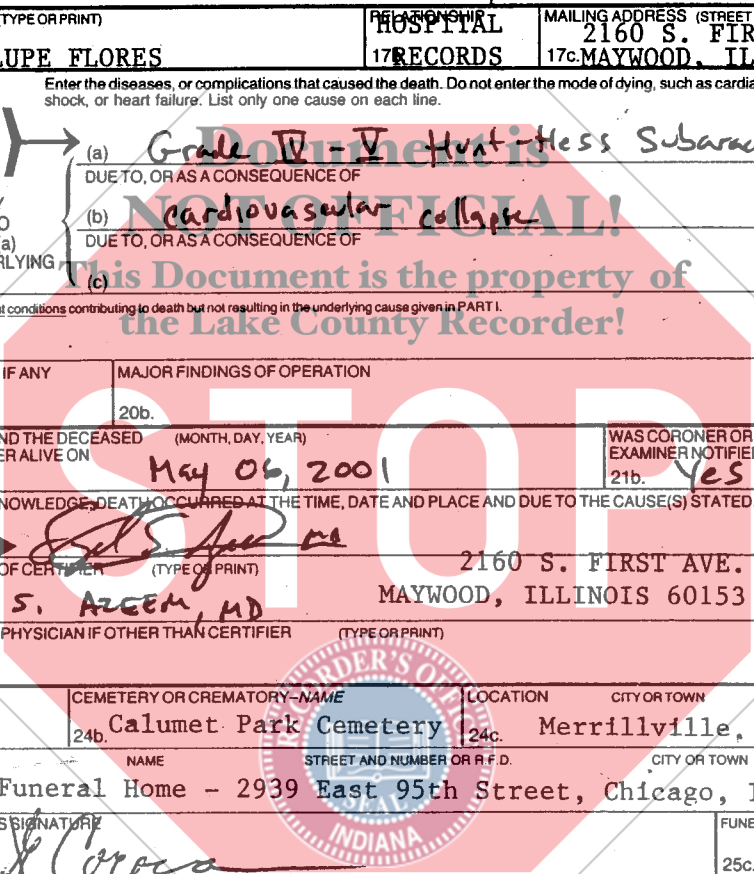


# Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS			STATE FILE NUMBER	
	REGISTERED NUMBER 545	<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  A DECEASED  B  C  D  E  PARENTS  1  2  3  CAUSE  4  5  N  P  CERTIFIER  DISPOSITION	1. DECEASED-NAME FIRST MIDDLE LAST <b>DEBORAH TATALOVICH</b>		2. SEX <b>FEMALE</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>3. MAY 6, 2001</b>		
	4. COUNTY OF DEATH <b>COOK</b>		5a. AGE-LAST BIRTHDAY (YRS) <b>52</b>	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	5d. DATE OF BIRTH (MONTH, DAY, YEAR) <b>MARCH 28, 1949</b>
	6a. PROVISO TOWNSHIP		6b. FOSTER G. MCGAW HOSPITAL		6c. Inpatient	
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>East Chicago, Indiana</b>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>Milan Tatalovich</b>	
	8. SOCIAL SECURITY NUMBER <b>10.316-54-8119</b>		11a. USUAL OCCUPATION <b>Bookkeeper</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>County Government</b>	
	13a. RESIDENCE (STREET AND NUMBER) <b>2601 Crownstest Drive</b>		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>Hobart</b>		13c. INSIDE CITY (YES/NO) <b>Yes</b>	13d. COUNTY <b>Lake</b>
	13e. STATE <b>Indiana</b>	13f. ZIP CODE <b>46342</b>	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>WHITE</b>	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
	15. FATHER-NAME FIRST MIDDLE LAST <b>LOUIS SAMOCKI</b>		16. MOTHER-NAME FIRST MIDDLE LAST <b>HELEN TERME</b>			
	17a. INFORMANT'S NAME (TYPE OR PRINT) <b>GUADALUPE FLORES</b>		17b. RELATIONSHIP <b>HOSPITAL RECORDS</b>	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>2160 S. FIRST AVE. MAYWOOD, ILLINOIS 60153</b>		
	18. 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
Immediate Cause (Final disease or condition resulting in death) → (a) <b>Grade IV-V Hunt-less Subarachnoid hemorrhage 12 hours</b> (b) <b>cardiovascular collapse</b> (c) <b>cardiovascular collapse</b>						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21a. DID (X) OR DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>May 06, 2001</b>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21c. HOUR OF DEATH <b>6:28 AM M.</b>		
22a. SIGNATURE <b>Syed S. Azem</b> NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>2160 S. FIRST AVE. MAYWOOD, ILLINOIS 60153</b>						
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>SYED S. AZEM, MD</b>						
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		24b. CEMETERY OR CREMATORY-NAME <b>Calumet Park Cemetery</b>		24c. LOCATION CITY OR TOWN STATE <b>Merrillville, Indiana</b>		
24d. DATE (MONTH, DAY, YEAR) <b>May 10, 2001</b>						
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>Brown Funeral Home - 2939 East 95th Street, Chicago, Illinois 60617</b>						
25b. FUNERAL DIRECTOR'S SIGNATURE <b>Billie</b>				25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-012287</b>		
26a. LOCAL REGISTRAR'S SIGNATURE <b>Richard J. Billie</b>				26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>May 7, 2001</b>		



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 this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

**FILED**

DATE MAR 26 2008 SIGNED [Signature]  
 AT BROADVIEW, ILLINOIS ILLINOIS OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS  
PEGGY HOLINGA KATONA  
 LAKE COUNTY AUDITOR

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 of the facts therein stated.