

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0069113 45-11-18-104-007,000-034 DATE ISSUED 09/30/2009

DECEDENT'S LEGAL NAME DENISE L STETZO		SEX FEMALE	DATE OF DEATH SEPTEMBER 16, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 57 YEARS	DATE OF BIRTH OCTOBER 23, 1951		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME CHRIST HOSPITAL & MED CNTR		
PLACE OF DEATH INPATIENT				
BIRTHPLACE OAK LAWN, IL	SOCIAL SECURITY NUMBER 330-46-8729	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME FRED C STETZO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 815 OLD BEACH ROAD	APT. NO.	CITY OR TOWN DYER	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46311	FATHER'S NAME LEO VUCHOVICH	MOTHER'S NAME PRIOR TO FIRST MARRIAGE LUCILLE STISO
INFORMANT'S NAME FRED C STETZO		RELATIONSHIP HUSBAND	MAILING ADDRESS 815 OLD BEACH RD, DYER, IN, 46311	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE ROMEOVILLE, IL	DATE OF DISPOSITION SEPTEMBER 23, 2009	
FUNERAL HOME ILLINOIS CREMATION CENTERS, 1415 WEST 22ND STREET, OAK BROOK, IL, 60523				
FUNERAL DIRECTOR'S NAME GERALD F SULLIVAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011165	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 23, 2009	
CAUSE OF DEATH PART I. RENAL FAILURE IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. CARDIOMYOPATHY c. ACUTE BACTERIAL ENDOCARDITIS Due to (or as a consequence of): _____ Due to (or as a consequence of): _____				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO	
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE SEPTEMBER 16, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:55 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 21, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PAPPAS,PAT, 4400 W 95TH STREET, OAK LAWN, ILLINOIS, 60453			PHYSICIAN'S LICENSE NUMBER 036071743	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2009 080382
DEC 3 2:50 PM '09
RECORD



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

FILED

DEC 03 2009

David Pappas
DAVID PAPPAS
Cook County Auditor



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE