

**DUPAGE COUNTY HEALTH DEPARTMENT
WHEATON, ILLINOIS
MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

STATE FILE NUMBER 2009 0025280

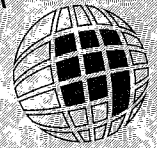
DATE ISSUED 06/03/2009

DECEDENT'S LEGAL NAME JASON D DRAGOS			SEX MALE	DATE OF DEATH FEBRUARY 09, 2009	
COUNTY OF DEATH DU PAGE		AGE AT LAST BIRTHDAY 38 YEARS	DATE OF BIRTH DECEMBER 31, 1970		
CITY OR TOWN WILLOWBROOK		HOSPITAL OR OTHER INSTITUTION NAME 15W460 N FRONTAGE ROAD			
PLACE OF DEATH SCENE					
BIRTHPLACE EAST CHICAGO, IN		SOCIAL SECURITY NUMBER 305-96-1603	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME TRACY K HORVAT	
RESIDENCE 9244 PRAIRIE			APT. NO.	CITY OR TOWN HIGHLAND	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46322	FATHER'S NAME DAVID DRAGOS		MOTHER'S NAME PRIOR TO FIRST MARRIAGE CHRISTINE ZELENCIK
INFORMANT'S NAME TRACY K DRAGOS		RELATIONSHIP WIFE	MAILING ADDRESS 9244 PRAIRIE, HIGHLAND, IN, 46322		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION CHAPEL LAWN CEMETERY	LOCATION - CITY OR TOWN AND STATE SCHERERVILLE, IN	DATE OF DISPOSITION FEBRUARY 16, 2009	
FUNERAL HOME KUIPER FUNERAL HOME, 9039 KLEINMAN RD, HIGHLAND, IN, 46322					
FUNERAL DIRECTOR'S NAME DONNA J ROTI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014680		
LOCAL REGISTRAR'S NAME MAUREEN T MCHUGH			DATE FILED WITH LOCAL REGISTRAR APRIL 10, 2009		
CAUSE OF DEATH PART I. TRAUMATIC INJURIES OF THE NECK					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ <small>Due to (or as a consequence of)</small>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES	
		b. A SINGLE INTERMEDIATE-RANGE GUNSHOT WOUND OF THE BASE OF HEAD <small>Due to (or as a consequence of)</small>		MINUTES	
		c. _____ <small>Due to (or as a consequence of)</small>			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN			FEMALE PREGNANCY STATUS NOT APPLICABLE		WAS AN AUTOPSY PERFORMED? YES
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES
LOCATION OF INJURY					MANNER OF DEATH HOMICIDE
DESCRIBE HOW INJURY OCCURRED					IF TRANSPORTATION INJURY, SPECIFY
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED FEBRUARY 09, 2009	TIME OF DEATH 01:57 PM	
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED APRIL 06, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PETER A SIEKMANN, 414 N. COUNTY FARM ROAD, WHEATON, IL 60187					PHYSICIAN'S LICENSE NUMBER

Document is NOT VALID
This Document is the property of the Lake County Recorder!

FILED
AUG 03 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Parcel # 45-07-29-259-027-000-026



Maureen T. McHugh
Maureen T. McHugh
Local Registrar

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

Not valid without the embossed seal of the DuPage County Health Department.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE