

CERTIFICATION OF DEATH RECORD

**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012-0065375

DATE ISSUED 9/5/2012

DECEDENT'S LEGAL NAME PANAGIOTIS SARICOS			SEX MALE	DATE OF DEATH SEPTEMBER 02, 2012								
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH JUNE 15, 1934									
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL										
PLACE OF DEATH INPATIENT												
BIRTHPLACE GREECE	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MILKA STOJANOVICH		EVER IN U.S. ARMED FORCES? NO							
RESIDENCE 10138 ARIZONA STREET		APT. NO.	CITY OR TOWN CROWN POINT		INSIDE CITY LIMITS? YES							
COUNTY LAKE	STATE IN	ZIP CODE 46307	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION KOSMAS SARICOS		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANASTASIA DOULIOS							
INFORMANT'S NAME MILKA SARICOS		RELATIONSHIP WIFE	MAILING ADDRESS 10138 ARIZONA STREET, CROWN POINT, IN, 46307									
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION CALUMET PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE MERRILLVILLE, IN	DATE OF DISPOSITION SEPTEMBER 07, 2012								
FUNERAL HOME SWETS FUNERAL SERVICE, 116 CORA CT., THORNTON, IL, 60476												
FUNERAL DIRECTOR'S NAME RONALD SCOTT SWETS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014743									
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 5, 2012									
<table border="1"> <tr> <td rowspan="3"> CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td>PART I: MULTIPLE ORGAN FAILURE</td> <td>30 DAYS</td> </tr> <tr> <td>a. TYPE A AORTIC DISSECTION</td> <td>39 DAYS</td> </tr> <tr> <td>c. SEVERE AORTIC STENOSIS</td> <td>2 YEARS</td> </tr> </table>						CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I: MULTIPLE ORGAN FAILURE	30 DAYS	a. TYPE A AORTIC DISSECTION	39 DAYS	c. SEVERE AORTIC STENOSIS	2 YEARS
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	a. TYPE A AORTIC DISSECTION	39 DAYS										
	c. SEVERE AORTIC STENOSIS	2 YEARS										
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. CORONARY ARTERY DISEASE, HYPERTENSION				WAS AN AUTOPSY PERFORMED? NO								
FEMALE PREGNANCY STATUS NOT APPLICABLE				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A								
MANNER OF DEATH NATURAL												
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?								
LOCATION OF INJURY				IF TRANSPORTATION INJURY, SPECIFY:								
DESCRIBE HOW INJURY OCCURRED:												
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE SEPTEMBER 02, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 12:25 AM							
CERTIFIER PHYSICIAN				DATE CERTIFIED SEPTEMBER 02, 2012								
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. WILLIAM KENT, MD, 251 EAST HURON, CHICAGO, ILLINOIS, 60611				PHYSICIAN'S LICENSE NUMBER 125062442								



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.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE