

UNOFFICIAL COPY

Property of Cook County Clerk's Office

THE NORTH 10 FEET OF LOT 36 AND ALL OF LOT 37 IN BLOCK 3
IN KEENEY'S ADDITION TO CHICAGO HEIGHTS, A SUBDIVISION OF PART
OF LOTS 1 AND 9 OF THE CIRCUIT COURT PARTITION OF THE NORTHEAST
1/4 OF SECTION 32 AND THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION
33, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly Known As: 3019 Chicago Road, South Chicago Heights, Ill.

P.I.N. 32-32-205-008, Volume 020

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REGISTRATION DISTRICT NO. 16.32		STATE OF ILLINOIS		STATE FILE NUMBER	
LOCAL FILE NUMBER 706		CERTIFICATE OF DEATH			
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Sam Louis Inguagiato			2. SEX Male		3. DATE OF DEATH (Month/Day/Year) (Spell Month) October 2, 2008
4. COUNTY OF DEATH Cook		5a. AGE AT LAST BIRTHDAY (Years) 88	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) July 10, 1920
7a. CITY OR TOWN Chicago Heights			7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) St. James Hospital		
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL		9. SOCIAL SECURITY NUMBER 322-14-0619		10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
11a. RESIDENCE (Street and Number) 79 West 34th Street			13b. APT. NO. Steger	13c. CITY OR TOWN Steger	12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13a. COUNTY Cook		13f. STATE IL	13g. ZIP CODE 60475	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Louise Catherina	
16a. INFORMANT'S NAME Angela Inguagiato			16b. RELATIONSHIP Wife		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 79 West 34th St., Steger, IL 60475
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Holy Sepulchre		19. LOCATION - CITY, TOWN AND STATE Worth Township, IL	
21a. FUNERAL HOME NAME Panozzo Bros. Funeral Home			STREET AND NUMBER 530 W. 14th St.	CITY OR TOWN Chicago Heights	STATE IL
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Phillip J. Panozzo</i>			21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014612	20. DATE OF DISPOSITION (Month/Day/Year) October 6, 2008	
22. LOCAL REGISTRAR'S SIGNATURE <i>Ethel M. Taylor</i>			23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) October 3, 2008		
CAUSE OF DEATH (See instructions and examples)					
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Myocardial Infarction					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
b. Aortic Stenosis					
c. Renal Failure					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant within one year of death, time unknown <input type="checkbox"/> Unknown if pregnant within the past 12 months		25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. DATE OF INJURY (Month/Day/Year)			31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. LOCATION OF INJURY Street and Number			32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending Investigation
34. LOCATION OF INJURY Street and Number			32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. DESCRIBE HOW INJURY OCCURRED:					36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)
37. (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 9-30-08			38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) October 2, 2008
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			40. TIME OF DEATH 2:20 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Savio Manatt 30 East 15th Street, Chicago Heights, IL 60411					43. PHYSICIAN'S LICENSE NUMBER 036-069553
44. TITLE OF CERTIFIER Medical Doctor		45. DATE CERTIFIED (Month/Day/Year) October 3, 2008		46. SIGNATURE OF CERTIFIER <i>S Manatt M.D.</i>	

Illinois Department of Public Health - Division of Vital Records
VR200 (Rev. 1/08)

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

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: **OCT 03 2008**

AT: **CHICAGO HEIGHTS, IL 60411**

SIGNED: *Ethel M. Taylor*

TITLE: **LOCAL REGISTRAR**