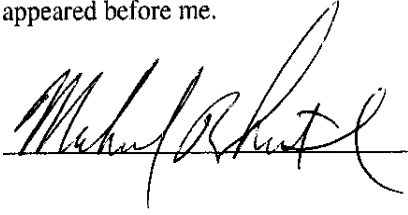


UNOFFICIAL COPY

Subscribed and sworn to (or affirmed) before me on this 02nd day of July, 2013
by Michael J. Szalajko, Sr. proved to me on the basis of satisfactory evidence to be the person(s) who
appeared before me.



(This area for official notarial seal)



Property of Cook County Clerk's Office


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CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2011.0086429

DATE ISSUED 11/23/2011

DECEDENT'S LEGAL NAME JOSEPHINE G SZALAJKO		SEX FEMALE	DATE OF DEATH NOVEMBER 20, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 90 YEARS	DATE OF BIRTH JANUARY 14, 1921		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 3058 N OSCEOLA		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE NEW ORLEANS, LA	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3058 N OSCEOLA	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60707	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SAM ADELFO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSE ADELFO
INFORMANT'S NAME MICHAEL SZALAJKO		RELATIONSHIP SON	MAILING ADDRESS 3058 N OSCEOLA, CHICAGO, IL 60707	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT CARMEL CATHOLIC CEMETERY	LOCATION, CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION NOVEMBER 23, 2011	
FUNERAL HOME RAGO BROTHERS FUNERAL HOME, 7751 WEST IRVING PARK ROAD, CHICAGO, IL 60634				
FUNERAL DIRECTOR'S NAME JOSEPH L RAGO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015155	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 22, 2011	
CAUSE OF DEATH				
PART I. ACUTE MYOCARDIAL INFARCTION		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	UNKNOWN	
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>			UNKNOWN	
a. <small>Due to (or as a consequence of):</small> CORONARY ARTERY DISEASE			UNKNOWN	
b. <small>Due to (or as a consequence of):</small> ARTERIOSCLEROTIC HEART DISEASE			UNKNOWN	
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. HYPERTENSION; HYPERLIPIDEMIA			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			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 FEBRUARY 25, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 03:15 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 21, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOSEPH GIGANTE, 7734 W. NORTH AVE, ELMWOOD PARK, ILLINOIS, 60707			PHYSICIAN'S LICENSE NUMBER 036-052264	

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



THE WORD VOID APPEARS WHEN PHOTOCOPIED