



# UNOFFICIAL COPY

## CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2016 0061115

DATE ISSUED 8/8/2016

DECEDENT'S LEGAL NAME ELIAS K LIALIOS			SEX MALE	DATE OF DEATH AUGUST 02, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH JULY 15, 1927			
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 6729 N CALIFORNIA AVE			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE ALBANIA	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PINELOPI KOTIS	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 5729 N CALIFORNIA AVE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60653	FATHER OR PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION KYRIAKOS LIALIOS	MOTHER OR PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALEXANDRA HRONIS	
INFORMANT'S NAME PINELOPI LIALIOS		RELATIONSHIP WIFE	MAILING ADDRESS 5729 N CALIFORNIA AVE, CHICAGO, IL, 60653		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MEMORIAL PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION AUGUST 05, 2016		
FUNERAL HOME ADINAMIS & CO. FUNERAL DIRECTORS, 2150 N. CICERO AVE., CHICAGO, IL, 60648					
FUNERAL DIRECTOR'S NAME JOHN ADINAMIS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010450		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 8, 2016		
CAUSE OF DEATH PART I. CONGESTIVE HEART FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		CORONARY ARTERY DISEASE		YEARS	
		Due to (or as a consequence of)		YEARS	
		Due to (or as a consequence of)		YEARS	
		Due to (or as a consequence of)		YEARS	
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		
			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 TRANSPORTED IN JURY, SPECIFY:		
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:30 PM	
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 03, 2016		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SARPOLIS, KEITH, 2599 RIDGE AVE, EVANSTON, ILLINOIS, 60201			PHYSICIAN'S LICENSE NUMBER 03606854		

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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