



**CERTIFICATION OF DEATH RECORD**

**UNOFFICIAL COPY**

**SKOKIE HEALTH DEPARTMENT  
SKOKIE, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2017 0000920 DATE ISSUED 1/9/2017

DECEDENT'S LEGAL NAME DONALD L KAROL		SEX MALE	DATE OF DEATH JANUARY 04, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH JULY 07, 1932		
CITY OR TOWN SKOKIE		HOSPITAL OR OTHER INSTITUTION NAME SKOKIE HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME RASCHA SOLK	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 9636 KEELER AVENUE	APT. NO.	CITY OR TOWN SKOKIE		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60076	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SIDNEY KAROL	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SALLY SAMKOVITZ
INFORMANT'S NAME RASCHA KAROL		RELATIONSHIP WIFE	MAILING ADDRESS 9636 KEELER AVENUE, SKOKIE, IL, 60076	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MEMORIAL PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION JANUARY 06, 2017	
FUNERAL HOME CHICAGO JEWISH FUNERALS, 8851 NORTH SKOKIE BOULEVARD, SKOKIE, IL, 60077				
FUNERAL DIRECTOR'S NAME DAVID I. JACOBSON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012372	
LOCAL REGISTRAR'S NAME CATHERINE COUNARD			DATE FILED WITH LOCAL REGISTRAR JANUARY 9, 2017	
CAUSE OF DEATH PART I. END STAGE CONGESTIVE HEART FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a	Due to (or as a consequence of)	
		b	Due to (or as a consequence of)	
		c	Due to (or as a consequence of)	
			Due to (or as a consequence of)	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. CARDIAC AMYLOIDOSIS			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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 08:23 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 05, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RACHEL NORRIS, 2180 PFINGSTEN ROAD, GLENVIEW, ILLINOIS, 60026				PHYSICIAN'S LICENSE NUMBER 036-120530

THE WORD VOID APPEARS WHEN PHOTOCOPIED

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.

*Catherine A. Counard, M.D., M.P.H.*  
Catherine A. Counard, M.D., M.P.H.  
Local Registrar/Director of Health

