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The undersigned Affiant sayeth naught

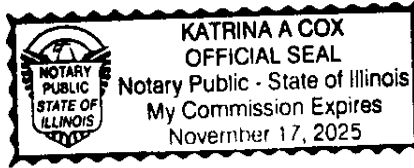
Florencia Cavazos

FLORENCIA CAVAZOS

SUBSCRIBED AND SWORN to
before me this 25th day
of July, 2022

Katrina A Cox

NOTARY PUBLIC



Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

EXHIBIT "A"

STATE FILE NUMBER 2017-0083544

DATE ISSUED 10/20/2017

DECEDENT'S LEGAL NAME ELEUTERIO GAVAZOS		SEX MALE	DATE OF DEATH OCTOBER 19, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH MAY 26, 1946		
CITY OR TOWN OAK LAWN	HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME FLORENCIA ZAMORA	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2820 WEST 99TH STREET	APT. NO.	CITY OR TOWN EVERGREEN PARK	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60805	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ATANACIO GAVAZOS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LORENZA QUINTANILLA
INFORMANT'S NAME FLORENCIA GAVAZOS		RELATIONSHIP WIFE	MAILING ADDRESS 2820 WEST 99TH STREET, EVERGREEN PARK, IL 60805	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION OCTOBER 23, 2017	
FUNERAL HOME KOSARY FUNERAL HOME, 9837 SOUTH KEDON AVENUE, EVERGREEN PARK, IL, 60805				
FUNERAL DIRECTOR'S NAME LINDA K KOSARY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014410	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 20, 2017	
CAUSE OF DEATH - PART I: RESPIRATORY FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of)				
b. DIABETES				
c. CONGESTIVE HEART FAILURE				
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
CORONARY ARTERY DISEASE			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 OCTOBER 19, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PROMOUNCED	TIME OF DEATH 09:20 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 20, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DRAGISIC, PETER MD, 4201 WEST 95TH STREET, OAK LAWN, ILLINOIS, 60453			PHYSICIAN'S LICENSE NUMBER 036-092116	

APPROXIMATE ILLINOIS DEPARTMENT OF PUBLIC HEALTH AND HEALTH SERVICES

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



D00131199

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE