

ALLEN M. PUTTERMAN, MD, SC, FACS

AESTHETIC AND RECONSTRUCTIVE EYELID AND FACIAL PLASTIC SURGERY



10.1020.1098.1

Date 1-5 2012  
To: Brittany Thank you!

From: Bonnie Klein Patient Coordinator

Fax #: 847 806 6154

Pages to follow 1

for Dana Pointe  
**Confidentiality Notice**

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312.372.2256 FAX 312.372.1762

# CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2011-0072968

DATE ISSUED 10/05/2011

DECEDENT'S LEGAL NAME STANLEY IRWIN GOLDFARB				SEX MALE		DATE OF DEATH OCTOBER 01, 2011																																						
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 63 YEARS		DATE OF BIRTH APRIL 09, 1948																																								
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME 1505 E CENTRAL ROAD																																										
PLACE OF DEATH DECEDENT'S HOME																																												
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER 350-40-0225		STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO																																						
RESIDENCE 1505 E CENTRAL ROAD		APT. NO. B109		CITY OR TOWN ARLINGTON HEIGHTS		INSIDE CITY LIMITS? YES																																						
COUNTY COOK	STATE IL	ZIP CODE 60005	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VICTOR GOLDFARB		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GERTRUDE FIGENHOLTZ																																							
INFORMANT'S NAME BONNIE KLEIN		RELATIONSHIP COMPANION		MAILING ADDRESS 1505 E CENTRAL ROAD, ARLINGTON HEIGHTS, IL 60006																																								
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SHALOM MEMORIAL PARK		LOCATION - CITY OR TOWN AND STATE ARLINGTON HEIGHTS, IL		DATE OF DISPOSITION OCTOBER 02, 2011																																						
FUNERAL HOME GOLDMAN FUNERAL GROUP, 195 N. BUFFALO GROVE ROAD, BUFFALO GROVE, IL 60089																																												
FUNERAL DIRECTOR'S NAME IRWIN GOLDMAN				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012336																																								
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR OCTOBER 4, 2011																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;">CAUSE OF DEATH <small>IMMEDIATE CAUSE (First disease or condition resulting in death)</small></td> <td colspan="7">PART I. CONGESTIVE HEART FAILURE</td> </tr> <tr> <td colspan="7">a. <small>Due to (or as a consequence of):</small></td> </tr> <tr> <td colspan="7">b. AMYLOIDOSIS</td> </tr> <tr> <td colspan="7">c. <small>Due to (or as a consequence of):</small></td> </tr> <tr> <td colspan="8"> <div style="text-align: center; border: 1px solid black; padding: 5px;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </div> </td> </tr> </table>								CAUSE OF DEATH <small>IMMEDIATE CAUSE (First disease or condition resulting in death)</small>	PART I. CONGESTIVE HEART FAILURE							a. <small>Due to (or as a consequence of):</small>							b. AMYLOIDOSIS							c. <small>Due to (or as a consequence of):</small>							<div style="text-align: center; border: 1px solid black; padding: 5px;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </div>							
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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 TRANSPORTATION INJURY, SPECIFY																																						
ATTEND THE DECEASED? YES		DATE LAST SEEN ALIVE SEPTEMBER 30, 2011		WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED																																						
						TIME OF DEATH 10:35 AM																																						
CERTIFIER PHYSICIAN						DATE CERTIFIED OCTOBER 03, 2011																																						
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHILIP H SHERIDAN MD, 2150 PFINGSTEN ROAD, GLENVIEW, ILLINOIS 60026						PHYSICIAN'S LICENSE NUMBER 036-079226																																						

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

