

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052024022620

DECEDENT'S LEGAL NAME MARY JANE KERIAKOS				DATE OF DEATH JULY 01, 2024				
SEX FEMALE	SOCIAL SECURITY 317-36-9933	AGE-Last Birthday (Years) 86	UNDER 1 YEAR Months	UNDER 1 DAY Days	UNDER 1 DAY Hours	UNDER 1 DAY Minutes	DATE OF BIRTH (Mo/Day/Yr) APRIL 18, 1938	BIRTHPLACE (State or Foreign Country) INDIANA
IF DEATH OCCURRED IN HOSPITAL				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL DECEDENT'S HOME				
Facility Name (If not institution, give street & number) 4425 CAPTAIN JACK LANE				CITY, TOWN OR LOCATION OF DEATH COLORADO SPRINGS		COUNTY OF DEATH EL PASO		
RESIDENCE - STREET AND NUMBER 4425 CAPTAIN JACK LANE						APT. NO.	ZIP CODE 80924	INSIDE CITY LIMITS YES
RESIDENCE STATE COLORADO			COUNTY EL PASO		CITY OR TOWN COLORADO SPRINGS			
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) ATTORNEY				KIND OF BUSINESS/INDUSTRY LAW		DECEDENT'S EDUCATION BACHELOR'S DEGREE		
DECEDENT OF HISPANIC ORIGIN NOT SPANISH/HISPANIC/LATINO				DECEDENT'S RACE WHITE				
EVER IN US ARMED FORCES NO	MARITAL STATUS AT TIME OF DEATH DIVORCED (AND NOT REMARRIED)		SPOUSE/PARTNER NAME (If wife give name prior to first marriage)					
FATHER'S NAME STEVE E. DELARDOS				MOTHER'S NAME PRIOR TO FIRST MARRIAGE PELAGIA LIMNEOS				
INFORMANT'S NAME SUSAN LYNN LEWIS				INFORMANT'S RELATIONSHIP TO DECEASED CHILD				
NAME OF FUNERAL HOME ALTERNATIVE CREMATION				CITY AND STATE OF FUNERAL HOME COLORADO SPRINGS COLORADO		WAS CORONER NOTIFIED YES		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION AFFORDABLE CREMATORY			LOCATION - CITY, COUNTY, STATE COLORADO SPRINGS EL PASO COLORADO			
INJURY AT WORK	IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY			
PLACE OF INJURY								
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode)								
DESCRIBE HOW INJURY OCCURRED								
WAS DECEDENT UNDER HOSPICE CARE YES		ACTUAL OR PRESUMED TIME OF DEATH 16:29 MILITARY		DATE PRONOUNCED DEAD (MO/DAY/YR) JULY 01, 2024		TIME PRONOUNCED DEAD 16:29 MILITARY		
MANNER OF DEATH NATURAL			WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?			
CAUSE OF DEATH								
PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)		Enter the chain of events -diseases, injuries, or complications-that directly caused the death.					Approximate interval: Onset to death YEARS	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		a CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE					_____	
		b _____						
		c _____						
		d _____						
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I OROPHARYNGEAL DYSPHAGIA, ATRIAL FIBRILLATION, CORONARY ARTERY DISEASE, HYPERTENSION, CHRONIC KIDNEY DISEASE 4, PROTEIN CALORIE MALNUTRITION								
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN MD KIRAN PANDIT 1975 RESEARCH PARKWAY COLORADO SPRINGS, COLORADO, 80920						DATE SIGNED JULY 05, 2024		
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER DAWN MILLER 2741 EAST LAS VEGAS STREET COLORADO SPRINGS, COLORADO, 80906						DATE SIGNED JULY 05, 2024		
DATE FILED BY REGISTRAR JULY 08, 2024								

DATE ISSUED **JULY 08, 2024**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR



REV 01/19

