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Commonwealth of Massachusetts
Registry of Vital Records and Statistics
CERTIFICATE OF DEATH

State File # **2016 055074**
Registered # **6991**

DECEDENT	Place of Death BETH ISRAEL DEACONESS MEDICAL CENTER-WEST CAMPUS, BOSTON, MA	
	Date of Death DECEMBER 16, 2016	Age 95 YRS Sex FEMALE
	Current Name YANAKOPULOS, ANGELINA ---	
	Surname at Birth or Adoption KOSTINDEN SSN 024-12-8431	
	AKA ---	
	Date of Birth JANUARY 25, 1921	Birthplace VERTOPI, ALBANIA
	Residence 235 WINTHROP STREET, 6612, MEDFORD, MASSACHUSETTS 02155	
	Race WHITE	Education BACHELOR'S DEGREE
	Marital Status WIDOWED	Occupation/Industry PROPRIETOR/RESTAURANT
	Last Spouse - Last, First, Middle (Surname at Birth or Adoption) YANAKOPULOS, PETER, T (YANAKOPULOS)	
Decedent: U.S. Veteran (Most Recent) NO		
Mother/Parent Name - Last, First Middle (Surname at Birth or Adoption) KOSTINDEN, ANNA (CHRISTO)		
Birthplace ALBANIA		
Father/Parent Name - Last, First Middle (Surname at Birth or Adoption) KOSTINDEN, SOTIR (KOSTINDEN)		
Birthplace ALBANIA		
MEDICAL CERTIFIER	Part I. Cause of Death - Sequentially list in mediate cause then antecedent causes then underlying cause	
	a. Immediate Cause (Final condition resulting in death)	
	HYPOTENSION	Interval between onset and death --- MIN.
	b. Due to or as a consequence of:	
	BRADYCARDIA	--- MIN.
	c. Due to or as a consequence of:	
	ISCHEMIC STROKE	--- DAYS
	d. Due to or as a consequence of:	
	NON TRAUMATIC INTRACRANIAL HEMORRHAGE	--- DAYS
	Part II. Other significant conditions contributing to death but not resulting in underlying cause	
CALCIUM CHANNEL BLOCKER TOXICITY	Manner of Death: NATURAL	
	Time of Death: 02:00 PM	
	Result of Injury: NO	
Certifier ARI FRIEDMAN, MD Lic # 267264		
Addr. 1 DEACONESS ROAD, BOSTON, MASSACHUSETTS 02215		
DISPOSITION	Funeral Licensee/ Designee THEODORE F. NICHOLS Lic # 5018	
	Facility/Addr. LAUGHLIN FUNERAL HOME, INC., BOSTON, MASSACHUSETTS	
	Immediate Disposition BURIAL	 REGISTRAR, CITY OF BOSTON
	Date of Immediate Disposition DECEMBER 21, 2016	
	Place/Address MOUNT AUBURN CEMETERY, 580 MT. AUBURN STREET, CAMBRIDGE, MASSACHUSETTS 02138	
Date of Record DECEMBER 22, 2016		
Date of Amendment ---		

DATE ISSUED: **JANUARY 11, 2017**

I, the undersigned, hereby certify that I am the Clerk of the City of Medford; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records, as held in the Commonwealth's central vital records information repository.

Clerk
City of Medford

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YANAKO PULOS

SFN: 2016 055074

BOSTON 6991

MEDFORD 601

STATE VOL/PG: /

If U.S. war veteran, specify war/conflict(s) ---			
Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---	
Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---	
Place of Death Type HOSPITAL - ER/OUTPATIENT		Date of Pronouncement ---	Time of Pronouncement ---
RN/NP/PA Pronouncement? NO		Name of RN/NP/PA Pronouncing Death ---	
RN/NP/PA Employing Agency or Institution ---		Name of Physician or Medical Examiner notified ---	
Was M.E. Notified? NO	Provider in charge of patient's care, if not certifier DAVID T CHIU, MD		
Autopsy Performed? NO	Findings available for Cause? ---	Tobacco contribute to death? UNKNOWN	Pregnancy Status, if female ---
Date of Injury ---	Time of Injury ---	Injury at Work? ---	If Transportation Injury, specify: ---
Place of Injury ---		Location/Address of Injury: ---	
Describe How Injury Occurred ---			
Expanded Race: WHITE			
Ethnicity: AMERICAN			
Informant Name VASILIKI --- YANAKOPULOS		Relationship DAUGHTER	
Addr. 305 BEACON STREET, SOMERVILLE, MASSACHUSETTS 02143			
Date Disposition Permit Issued: DECEMBER 20, 2016	Board of Health Agent JAMES V. IMPRESCIA		
State Tracking No. 055074	Local Permit No. B16055074		

