

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEDENT NAMED AT ITEM 1, AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS VITAL RECORDS ACT.

*Ann E. Jacobs*  
DEPUTY REGISTRAR

SIGNED

DATE

HIGHLAND PARK,

ILLINOIS OFFICIAL TITLE

DEPUTY REGISTRAR

**Central Ob. Adv. # 175-2288**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, Illinois. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statute provides that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of all facts and places of the facts therein stated.

561134

1981

VR-201C (1978)

OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD, ILLINOIS

REGISTRATION DISTRICT NO. 49.6  
REGISTERED NUMBER 343

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

*Benedict Decker & Assoc.  
P.O. Box 510  
Whiting, Ill.*

STATE FILE NUMBER

1001

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. MICHAEL RUSNACK					2. MALE	3. AUGUST 22, 1981	
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		ORIGIN OR DESCENT		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MO., DAY, YEAR)
4a. WHITE		4b. American		5a. 84	MOS. DAYS	HOURS MIN.	6. OCTOBER 30, 1926
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE DOA, OP, EMER. RM. INPATIENT (SPECIFY)	
7b. HIGHLAND PARK		7c. HIGHLAND PARK HOSPITAL				7d. INPATIENT	
8. PENNSYLVANIA		9. USA		10. MARRIED		11. ISABELLA LESKO	
12. 312-10-1228		13a. MACHINIST		13b. HEAVY MACHINES		13c. YES	
13d. WORLD WAR I		14a. 1801 LAPORTE AVENUE		14b. WHITING		14c. YES	
14d. LAKE		14e. INDIANA		15. JOHN RUSNACK		16. MARTHA GARNICK	
17a. <i>Gertrude J. Bryant</i>		17b. RECORDS		17c. 718 GLENVIEW AVENUE, 60035		17d. HIGHLAND PARK, ILLINOIS	
18. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE		(a) <i>Sepsis</i>					5 days
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <i>Wound</i>					1 day
		(c) <i>Chronic gastritis</i>					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a)		<i>Diabetes Mellitus</i>					
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. AUTOPSY (YES/NO)		20d. DATE SIGNED	
21a. I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR)		21b. TO (MONTH, DAY, YEAR)		21c. AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR)		21d. DATE OF DEATH (MONTH, DAY, YEAR)	
21a. 1970		21b. 8/22/81		21c. 8/21/81		21d. 8/22/81	
22a. SIGNATURE		22b. NAME AND ADDRESS OF CERTIFIER		22c. ILLINOIS LICENSE NUMBER		22d. DATE SIGNED	
<i>Gerald Buckman</i>		22b. Gerald Buckman		22c. 3634369		22d. 8/21/81	
22c. 625 Logan Williams Highland Park Ill		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24b. ST. MARYS		24c. HESSVILLE, INDIANA		24d. AUG. 26, 1981	
25a. FUNERAL HOME		25b. KELLEY & SPALDING FUNERAL HOME-1787 DDERFIELD RD. HIGHLAND PARK, IL. 60035		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25d. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25b. <i>Delver F. Dever</i>		25c. Delver F. Dever		25d. F 5402		26a. <i>William Pollock</i>	
26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26c. ILLINOIS LICENSE NUMBER		26d. DATE SIGNED	
26b. AUG 24 1981		26c. 3634369		26d. 8/24/81			

VR200 (REV. 1/78)

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1978 U.S. STANDARD CERTIFICATE)