

LAWYERS TITLE INS. CORP. 31997  
 7895 BROADWAY  
 MERRILLVILLE, IND. 46410 604617

STATE OF ILLINOIS

Feb. 26, 1979

DEPARTMENT OF HEALTH  
 CITY OF CHICAGO  
 JAMES EARL RAYSON

REGISTRATION DISTRICT NO. <b>16.10</b>		REGISTERED NUMBER <b>670372</b>		MEDICAL CERTIFICATE OF DEATH		
DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <b>MICHAEL</b>		<b>J</b>	<b>MIHAL</b>	<b>2. MALE</b>	<b>3. FEBRUARY 24, 1979</b>	
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. <b>WHITE</b>		4b. <b>American</b>	5a. <b>51 YRS</b>	5b. <b>MOS</b>	5c. <b>DAYS</b>	6. <b>3/13/27</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOME OR INST. INDICATE DOA, OP, EMLR, HM, INPATIENT (SPECIFY)	
7b. <b>Chicago</b>		7c. <b>V.A. LAKESIDE MEDICAL CENTER</b>			7d. <b>HOSPITAL</b>	
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
8. <b>PENNSYLVANIA</b>	9. <b>U.S.A.</b>	10. <b>MARRIED</b>		11. <b>ANTOINETTE PIONTEK</b>		
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE	
12. <b>314 24 2362</b>	13a. <b>ARTIST</b>	13b. <b>COMMERCIAL</b>		13c. <b>YES</b>	13d. <b>WWII</b>	
RESIDENCE STREET AND NUMBER	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	STATE		
14a. <b>4084 HARRISON STREET</b>	14b. <b>GARY</b>	14c. <b>YES</b>	14d. <b>LAKE</b>	14e. <b>INDIANA</b>		
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME	
15. <b>GEORGE MIHAL</b>					16. <b>MARY SINGEL</b>	
INFORMANT SIGNATURE	RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. <b>LEROY J. McNEELY</b>	17b. <b>RECORDS</b>	17c. <b>333 E. HURON ST., CHICAGO, ILL 60611</b>				
18. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (B), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PART I. IMMEDIATE CAUSE						
(a) Gastric ulcer with massive acute hemorrhage		Days				
DUE TO OR AS A CONSEQUENCE OF						
(b) Pulmonary edema		Days				
DUE TO OR AS A CONSEQUENCE OF						
(c) Carcinoma of lung metastatic to brain, liver, kidney		October, 78				
PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (B))		AUTOPSY (YES/NO)	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
		19a. <b>YES</b>	19b. <b>YES</b>			
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION					
20a.	20b.					
ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)	TO (MONTH, DAY, YEAR)	AND LAST SAW HIM/HER ALIVE OR (MONTH, DAY, YEAR)	HOUR OF DEATH			
21a. <b>2/22/79</b>	21b. <b>2/24/79</b>	21c. <b>2/24/79</b>	21d. <b>5:00 A.M.</b>			
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED LAST AND DUE TO THE CAUSE(S) STATED		DATE SIGNED (MONTH, DAY, YEAR)				
22a. SIGNATURE	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			ILLINOIS LICENSE NUMBER		
<b>Robert E. Carbone, M.D.</b>	<b>333 E HURON ST, Chicago, Illinois 60611</b>			<b>36-56017</b>		
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED.				
23.						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)	
24a. <b>Burial</b>	24b. <b>Calumet Park</b>	24c. <b>Merrillville, Indiana</b>			24d. <b>2-28-79</b>	
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP		
25a. <b>MRAZEK &amp; RUSS FUNERAL SERVICE</b>	<b>1706 W. JACKSON BLVD.</b>	<b>CHICAGO, ILL 60612</b>				
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <b>[Signature]</b>		25c. <b>5029</b>				
LOCAL REGISTRAR'S SIGNATURE	CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60602		DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <b>[Signature]</b>			26b. <b>FEB 28 1979</b>			

STATE OF ILLINOIS }  
 COUNTY OF COOK } SS  
 CITY OF CHICAGO }

I, Murray C. Brown, M.D. Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of the record kept by me in pursuance of said laws and ordinances.

**DEFINITE**  
 7261  
 1 MIN

**[Signature]**  
 LOCAL REGISTRAR

This Certified Copy VALID  
 When MULTICOLOR SEAL AND  
 BLUE SIGNATURE ARE AFFIXED.

Key 47-10-21  
 Note 21 and 27  
 Blk 8, Sanford  
 Tubbs 2nd Bldg.

JUN 9 AM '82  
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