Greenberg & Teifel
34 Plaza
Park Forest IL

STATE OF MICHIGAN)
COUNTY OF BERRIEN) ss

746787

I, FORREST H. KESTERKE, Clerk of the County of Berrien, Clerk of the Circuit Court of said County, the same being a Court of Record and having a seal, do hereby certify that I have compared the below copy with the record thereof now remaining in my office and have found it to be a true copy.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have affixed the Seal of said Circuit Court at St. Joseph,

FILED FEB 24 1984

this 16th day of November, A.D. 1983

FORREST H. KESTERKE — COUNTY CLERK

Debbie Clark — DEPUTY CLERK

Lucie O Thrash — AUDITOR LAKE COUNTY

Unit #4 Pon + Cot Riverside Farms Lt. 431 #1-A6-39

STATE OF MICHIGAN, LAKE COUNTY, FILED FOR RECORD, FEB 24 P.M. '84, RECORDER

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

LF 1167

CF

3cc

0578183

STATE FILE NUMBER

CERTIFICATE OF DEATH

DECEDENT

Field	Entry
1 Decedent name (First, Middle, Last)	FRANK J. SCHARNELL, JR.
2 Sex	Male
3 Date of death (Mo, Day, Yr)	Oct. 28, 1983
4 Race (Specify)	white
5a Age — last birthday (Yrs)	47
5b Under 1 year (Mos / Days)	
5c Under 1 day (Hours / Mins)	
6 Date of birth (Mo, Day, Yr)	January 7, 1936
7a County of death	Berrien
7b Location of death (Check one and specify)	X Inside city limits of Benton Harbor
7c Hospital or other institution	Mercy Hospital - DOA
8 State of birth (if not in U.S.A., name country)	Wisconsin
9 Citizen of what country	USA
10 Married, never married, widowed, divorced (Specify)	married
11 Surviving spouse (if wife, give maiden name)	Geraldine Germer
12 Was decedent ever in U.S. armed forces? (Specify Yes or No)	yes
13 Social security number	396-32-0779
14a Usual occupation (Give kind of work done during most of working life, even if retired)	Truck Driver
14b Kind of business or industry	C.W. Transport
15a Current residence — State	Illinois
15b County	Cook
15c Locality (Check one and specify)	X Inside city limits of Sauk Village
15d Street and number	21647 Gailine

IF DEATH OCCURRED IN INSTITUTION SEE MANUAL REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Field	Entry
16 Father — name (First, Middle, Last)	Frank J. Scharnell, Sr.
17 Mother — maiden name (First, Middle, Last)	Helen Reabe
18a Informant (Signature)	Geraldine Scharnell
18b Mailing address	21647 Gailine, Sauk Village, Illinois

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

19 PART I — Immediate cause (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

	Cause	Interval between onset and death
(a)	Cardiac tamponade	minutes
(b) due to, or as a consequence of	Myocardial Rupture	minutes
(c) due to, or as a consequence of	Motor Vehicle accident	minutes

PART II Other significant conditions — Conditions contributing to death but not related to cause given in PART I:

20 Autopsy (Specify Yes or No): yes

21 Was case referred to medical examiner? (Specify Yes or No): yes

22a Place of death (Home, Nursing Home, Hospital, Ambulance, etc.) (Specify): street

22b If hosp. or inst., indicate DOA, OP, Emer. Rm., Inpatient (Specify): DOA

CERTIFIER

CERTIFYING PHYSICIAN

23a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)

23b Date signed (Mo, Day, Yr):

23c Hour of death: M

23d Name of attending physician if other than certifier (Type or Print):

MEDICAL EXAMINER

24a ☐ The case reviewed and determined not to be a medical examiner's case

☒ On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.

(Signature and Title) Robert Clark MD

24b Date signed (Mo, Day, Yr): Oct 31, 1983

24c Hour of death: 1755 PM

24d Pronounced dead (Mo, Day, Yr): on OCT 28, 1983

24e Pronounced dead (Hour): at 1755 PM

25 Name and address of certifier (Physician or Medical Examiner) (Type or Print): Robert Clark, M.D., Memorial Hospital, St. Joseph, MI 49085

Field	Entry
26a Acc., suicide, hom., natural or pending invest. (Specify)	ACC
26b Date of injury (Mo, Day, Yr)	Oct 28, 1983
26c Hour of injury	Approx 1530
26d Describe how injury occurred	SINGLE TRUCK ACCIDENT
26e Injury at work (Specify Yes or No)	YES
26f Place of injury — at home, farm, street, factory, office building, etc. (Specify)	STREET (I94)
26g Location (Street or R.F.D. No., City, Village or Township, State)	I94 near Niles ave Berrien Co MI

c.V.A.

DISPOSITION

Field	Entry
27a Burial, cremation, removal, other (Specify)	cremation
27b Cemetery or crematory — name	Skyline Memorial Park
27c Location (City, Village or Township, State)	Monee, Illinois 60449
27d Date (Mo, Day, Yr)	Oct. 31, 1983
28a Name of facility	Dey-Florin Funeral Home
28b Address of facility	2506 Niles Ave., St. Joseph, MI
28c Funeral service licensee (Signature)	Jm C. Florin
29a Registrar (Signature)	Forrest H. Kesterke CC
29b Date received by registrar (Mo, Day, Yr)	Nov. 1, 1983

1197

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6/82