

Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was not subject to Indiana Inheritance Taxes.

Lillian V. Camery
Lillian V. Camery, Affiant

Subscribed and sworn to before me this 3rd day of October, 1988.

Susan J. Brown
Susan J. Brown, Notary Public

My Commission expires: 7-19-91

County of Residence: Jasper

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
617506

88-260-H
KNEIFEL & BEHNKE
 ATTORNEYS AT LAW
 A PROFESSIONAL CORPORATION
 651 E. THIRD, P.O. BOX 427
 HOBBART, INDIANA 46343

203

REGISTRATION DISTRICT NO. 18.10		REGISTERED NUMBER, DECEASED- 77211		FIRST MIDDLE LAST Ronald D. Camery	SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. August 29, 1988
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4. White		ETHNIC OR DESCENT 5. American	AGE - MONTHS DAY 37	NUMBER YEAR MONTH DAY 6. April 2, 1951	COUNTY OF DEATH 7. Cook	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 8. Chicago		HOSPITAL OR OTHER INSTITUTION - NAME, IF NOT IN EITHER, GIVE STREET AND NUMBER 9. Northwestern Memorial Hospital			IF HOSP. OR INST. INDICATE DOA (PP, EMB, FIM, INPATIENT) (SPECIFY) 10. Inpatient	
STATE OF BIRTH (IF NOT U.S.A. GIVE COUNTRY) 11. Indiana	CITIZEN OF WHAT COUNTRY 12. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 13. Never married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 14. None	
SOCIAL SECURITY NUMBER 15. 311-50-8786	USUAL OCCUPATION 16. Motorman	KIND OF BUSINESS OR INDUSTRY 17. GTA		WAS DECLARED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 18. No	WAR OR DATES OF SERVICE 19. None	
RESIDENCE STREET AND NUMBER 20. 6171 N. Sheridan Road	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 21. Chicago	INSIDE CITY (YES/NO) 22. yes	COUNTY 23. Cook	STATE 24. Illinois		
FATHER - NAME FIRST MIDDLE LAST 25. Archie Camery		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 26. Viola Ball		INFORMANT NAME (TYPE OR PRINT) 27. Barbara Battaglia		
RELATIONSHIP 28. Medical Records		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 29. 303 E. Superior Chicago, IL 60611				
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						
1. Cardiorespiratory Arrest						
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.						
(b) Acquired Immune Deficiency Syndrome						
(c) Severe Cachexia						
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES/NO) No	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
DATE OF OPERATION, IF ANY					IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
MAJOR FINDINGS OF OPERATION					20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
I (101) (102) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) No		HOUR OF DEATH 21c. 9:45 P. M.
21a. I did last attend/ August 29, 1988		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MO., DAY, YR.) 22b. August 30, 1988
SIGNATURE 22a. Keith MacDonnell		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 23c. Keith MacDonnell, M.D. 345 E. Superior Chicago, IL 60611		ILLINOIS LICENSE NUMBER 24d. 36-71973		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)	
24a. Burial	24b. Calvary Cemetery	24c. Portage	Indiana		24d. Sept. 2, 1988	
TUNERAL HOME	NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP	
25a. Blake-Lamb Funeral Home		1035 N. Dearborn Street	Chicago	Illinois	60610	
TUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]				TUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 5954		
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]				DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. AUG 31 1988		

STATE OF ILLINOIS
 COUNTY OF COOK SS
 CITY OF CHICAGO

ANNIE C. EDWARDS M.D. M.P.A.
 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
 IN 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 AS A
 RECORD KEPT BY ME IN PURSUANCE OF
 SAID LAWS AND ORDINANCES.

Barbara Battaglia
 N 3 St 222 Bl 2
 all 223 Bl 2
 S 8 St 224 Bl 2
 #44
 88-260-23

ANNIE C. EDWARDS M.D. M.P.A.
 LOCAL REGISTRAR

THIS CERTIFIED COPY VALID
 WHEN MULTICOLOR SEAL AND
 BLUE SIGNATURE AFFIXED

FILED

NOV 7 1988

Annie C. Edwards
 LOCAL REGISTRAR

DEPARTMENT OF HEALTH CITY OF CHICAGO