

7626 MONTANA AVE Hmd 46323
F RENE BOZEK

097250

REGISTRATION DISTRICT NO. 49. X7B
REGISTERED NUMBER 165

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in Permanent Ink on Funeral Director's Report, Hospital, or Physician's Handbook for Instructions

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Anthony Joseph Parsanko 2. Male 3. November 16, 1977

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White AGE—LAST BIRTHDAY (YRS.) 5a. 48 UNDER 1 YEAR: MONTHS 5b. UNDER 1 DAY: HOURS 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 6. July 29, 1929 PLACE OF DEATH 7a. Lake COUNTY

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. North Chicago INSIDE CITY (YES/NO) 7c. Yes HOSPITAL OR OTHER INSTITUTION—NAME 7d. Veterans Administration Hospital (IF NOT IN EITHER, GIVE STREET AND NUMBER)

BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. Indiana CITIZEN OF WHAT COUNTRY 9. U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. Irene Kushel

SOCIAL SECURITY NUMBER 12. 300 30 8378 USUAL OCCUPATION 13. Water Treatment KIND OF BUSINESS OR INDUSTRY 14. Steel Mill U.S. WAR VETERAN (YES/NO) 15. Yes WAR OR DATES OF SERVICE 16. Korean Conflict

RESIDENCE 17. 300 30 8378 STATE 18. Indiana COUNTY 19. Lake CITY, TOWN, TWP. OR ROAD DISTRICT NO. 20. Hammond INSIDE CITY (YES/NO) 21. Yes STREET AND NUMBER 22. 7626 Montana Avenue.

FATHER—NAME FIRST MIDDLE LAST 23. Felix Parsanko MOTHER—MAIDEN NAME FIRST MIDDLE LAST 24. Antoinette Grantowska

INFORMANT'S SIGNATURE 25. Florence Nohit Relationship 26. VA Hospital, North Chicago, IL 60064 Mailing Address (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

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) CARDIO-RESPIRATORY FAILURE 10 MTS.
(b) EXTENSIVE MESOTHELIOMA OF PLEURA 20 MONTHS
(c) BONE METASTASIS

PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELIEVED TO CAUSE GIVEN IN PART I. AUTOPSY 19a. YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

DATE OF OPERATION, IF ANY 20a. 3/3/76 MAJOR FINDINGS OF OPERATION 20b. EXPLORATORY THORACOTOMY -> MESOTHELIOMA OF PLEURA

21a. June 9, 1977 21b. November 16, 1977 21c. November 16, 1977 21d. 9:10 P M

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

SIGNATURE 22a. Akhileswari Chinnamanelli DATE SIGNED 22b. 11/16/77 ILLINOIS LICENSE NUMBER 22c. 003-36-54491-1

MAILING ADDRESS—CERTIFIER STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP 23. Veterans Administration Hospital, North Chicago, Illinois 60064

BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial CEMETERY OR CREMATORY—NAME 24b. CALUMET PARK LOCATION 24c. HERRELLVILLE IND. DATE (MONTH, DAY, YEAR) 24d. 11-21-77

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP 25a. Maana + Russ Funeral Service 1706 W. Jackson Chicago Ill 60612

FUNERAL DIRECTOR'S SIGNATURE 25b. George E. Maaneh FUNERAL DIRECTOR'S LICENSE NUMBER 25c. F 58940

LOCAL REGISTRAR'S SIGNATURE 26a. Rudolph B. Grom (He) JOHN J. FISHER DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. November 17, 1977

VR 200 (1971r) Illinois Department of Public Health - Office of Vital Records

VA
Physician's Certification
Burial
Ill. State License and cert. 2
Ill. State License and cert. 3
Ill. State License and cert. 4
Ill. State License and cert. 5
Ill. State License and cert. 6
Ill. State License and cert. 7
Ill. State License and cert. 8
Ill. State License and cert. 9
Ill. State License and cert. 10
Ill. State License and cert. 11
Ill. State License and cert. 12
Ill. State License and cert. 13
Ill. State License and cert. 14
Ill. State License and cert. 15
Ill. State License and cert. 16
Ill. State License and cert. 17
Ill. State License and cert. 18
Ill. State License and cert. 19
Ill. State License and cert. 20
Ill. State License and cert. 21
Ill. State License and cert. 22
Ill. State License and cert. 23
Ill. State License and cert. 24
Ill. State License and cert. 25
Ill. State License and cert. 26
Ill. State License and cert. 27
Ill. State License and cert. 28
Ill. State License and cert. 29
Ill. State License and cert. 30
Ill. State License and cert. 31
Ill. State License and cert. 32
Ill. State License and cert. 33
Ill. State License and cert. 34
Ill. State License and cert. 35
Ill. State License and cert. 36
Ill. State License and cert. 37
Ill. State License and cert. 38
Ill. State License and cert. 39
Ill. State License and cert. 40
Ill. State License and cert. 41
Ill. State License and cert. 42
Ill. State License and cert. 43
Ill. State License and cert. 44
Ill. State License and cert. 45
Ill. State License and cert. 46
Ill. State License and cert. 47
Ill. State License and cert. 48
Ill. State License and cert. 49
Ill. State License and cert. 50

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths. NOV 17 1977

DATE _____ SIGNED Rudolph B. Grom RUDOLPH B. GROM
AT NORTH CHICAGO, Illinois OFFICIAL TITLE SUB-REGISTRAR

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

VSAR 201.1 DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics. Printed by the Authority of the State of Illinois

001644 400