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MAY 22 1991

4662 Pierce  
GARY, IN  
46408

Lena Ronic

*Lena R. Ronic*  
AUDITOR LAKE COUNTY  
STATE OF ILLINOIS

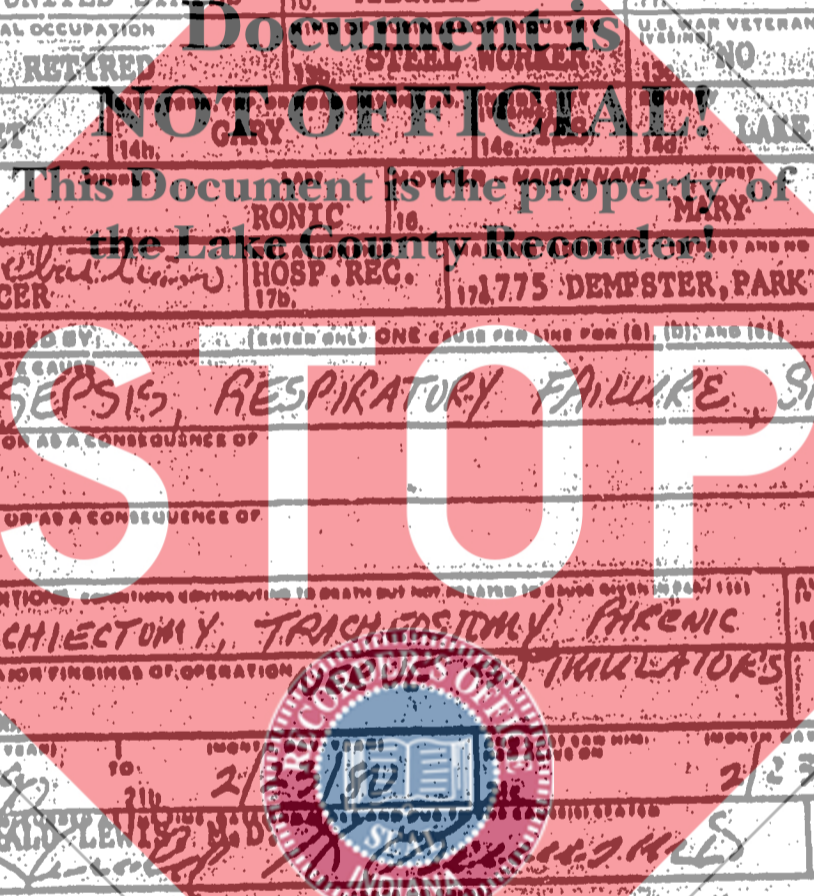
01531

STATE FILE NUMBER  
80 011253

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		REGISTERED NUMBER	
DECEASED - NAME 1. JOHN S. RONIC		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. FEBRUARY 23, 1980
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. WHITE	ORIGIN OR DESCENT 4b. AMERICAN	AGE - LAST BIRTHDAY (YRS) 5a. 63	DATE OF BIRTH (MO., DAY, YEAR) 6. MARCH 9, 1916
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7a. PARK RIDGE	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. LUTHERAN GENERAL HOSPITAL	IF HOSP. OR INST. INDICATE ORG. OR BRANCH, FOR INPATIENT (SPECIFY) 7d. INPATIENT	COUNTY OF DEATH 7e. COOK
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. INDIANA	CITIZEN OF WHAT COUNTRY 9. UNITED STATES	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF APPLICABLE) 11. LENA VERNICH
SOCIAL SECURITY NUMBER 12. 306-09-3083	USUAL OCCUPATION 13a. RETIRED	KIND OF BUSINESS OR INDUSTRY 13b. STEEL WORKER	U.S. WAR VETERAN (YES/NO) 13c. NO
RESIDENCE STREET AND NUMBER 14a. 4662 PIERCE STREET	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 14b. GARY	STATE 14c. INDIANA	COUNTY 14d. LAKE
FATHER - NAME 15. MICHAEL	MOTHER - MAIDEN NAME 16. MARY	CITY OR TOWN, STATE, ZIP 17. 775 DEMPSTER, PARK RIDGE, ILLINOIS, 60068	
INFORMANT'S SIGNATURE 17a. <i>Robert Noviko</i>	ADMITTING OFFICER 17b. HOSP. REC.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. 3 1/2 HOURS	
DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I - IMMEDIATE CAUSE	
(a) SEPSIS, RESPIRATORY FAILURE, SHOCK		PART II - OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)	
(b) DIE TO, OR AS A CONSEQUENCE OF		19a. NO	
(c) DUE TO, OR AS A CONSEQUENCE OF		19b. NO	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION 20. NEPHRECTOMY, TRACHEOSTOMY, PHRENIC NERVE STIMULATOR'S	
21a. 11/5/79	21b. 2/23/80	21c. 2/23/80	21d. 2:35 PM
22a. SIGNATURE <i>Gerald Lewis</i>		DATE SIGNED 22b. 2/24/80	
22c. NAME AND ADDRESS OF COPIER 960 RAND RD, DES PLAINES, IL 60016		ILLINOIS LICENSE NUMBER 22d. 36-55258	
23a. BURIAL CREMATION REMOVAL (SPECIFY) 24a. BURIAL		23b. CEMETERY OR CREMATORIUM NAME 24b. HEBRON	23c. LOCATION 24c. HEBRON, INDIANA
23d. DATE (MONTH, DAY, YEAR) 24d. FEB 27 1980		25a. FUNERAL HOME NAME 25b. DRAKE & SON, INC. 625 BUSSE HWY PARK RIDGE, ILLINOIS 60068	
25c. FUNERAL DIRECTOR'S SIGNATURE <i>David B. Mast</i>		25d. FUNERAL HOME ILLINOIS LICENSE NUMBER 7361	
26a. LOCAL REGISTRAR'S SIGNATURE <i>Joseph E. Duffy</i>		26b. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR) February 26, 1980	
26c. ACTING REGISTRAR <i>Angela Augustin</i>		26d. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR) February 26, 1980	

R. R. Cmelko 1st Assd  
#11 Blk  
#42-157-11



STATE OF INDIANA/S.S. NO. LAKE COUNTY

MAY 13 1991

STATE REGISTRAR - VITAL RECORDS  
*Stanley P. ...*  
DEPUTY STATE REGISTRAR

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

01314