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45254 3-5017
Rt 3, B1 Highland
PB 32/76 Gardens
Key No: 27-288-3

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Lake N. Auditor
AUDITOR LAKE COUNTY

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

612452

1. DECEASED — NAME: James	D.	Manis	2. SEX: Male	3. DATE OF DEATH (MONTH, DAY, YEAR): June 1, 1978		
4a. RACE: White	4b. ORIGIN OR DESCENT: Scottish	5a. AGE — LAST BIRTHDAY (YRS): 63	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MO., DAY, YEAR): July 26, 1914	7a. COUNTY OF DEATH: Cook
7b. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Chicago	7c. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Veterans Administration Lakeside Hospital			7d. IF HOSP. OR INST., INDICATE DOA, OP, OR OTHER: In - Patient		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee	9. CITIZEN OF WHAT COUNTRY: United States	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed	11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE):			
12. SOCIAL SECURITY NUMBER: 409-07-4964	13a. USUAL OCCUPATION: Electrician	13b. KIND OF BUSINESS OR INDUSTRY: Construction	13c. U.S. WAR VETERAN (YES OR NO): Yes	13d. WAR OR DATES OF SERVICE: World War Two		
14a. RESIDENCE STREET AND NUMBER: 8040 Gordon Place	14b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Highland	14c. INSIDE CITY LIMITS (YES OR NO): Yes	14d. COUNTY: Hammond	14e. STATE: Indiana		
15. FATHER — NAME: James Manis		16. MOTHER — MAIDEN NAME: Wolf		Carpenter		
17a. INFORMANT: Shirley Campbell	17b. RELATIONSHIP: Daughter	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 333 East Huron Street, Chicago, Ill.				

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I.

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Metastatic oat cell carcinoma	One Year
DUE TO, OR AS A CONSEQUENCE OF (b)		
DUE TO, OR AS A CONSEQUENCE OF (c)		

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b)

19a. AUTOPSY (YES OR NO): NO
19b. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER?

20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION

21a. I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): VA May 31, 1978
21b. TO: June 2, 1978
21c. I LAST SAW HIM ALIVE ON: June 1, 1978
21d. HOUR OF DEATH: 6:30 P. M.

22a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Warren H. Wallace M.D.
22b. DATE SIGNED (MONTH, DAY, YEAR): 6-2-78

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 333 East Huron Street Chicago Illinois 60611
22d. ILLINOIS LICENSE NUMBER: 36-55938

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
NOTE: IF AN INJURY WAS INVOLVED THE MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY — NAME	24c. LOCATION — CITY OR TOWN	24c. STATE	24d. DATE (MONTH, DAY, YEAR)
Burial	Chapel Lawn	So. Hekerville,	Ind.	6-5-78

25a. FUNERAL HOME — NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
MRAZEK & RUSS FUNERAL SERVICE	1706 W. JACKSON BLVD.	CHICAGO, ILL.		60612

25b. FUNERAL DIRECTOR'S SIGNATURE: [signature]
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 5029

26a. LOCAL REGISTRAR'S SIGNATURE: Nancy C. Brown
CHICAGO DEPT. OF HEALTH
RICHARD J. DALEY CENTER, ROOM 111
CONCOURSE LEVEL, CHICAGO 60602
26b. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): JUN 3 1978

VR200 (REV. 1/78) Illinois Department of Public Health — Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

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DEC 2 3 1991

STATE REGISTRAR-VITAL RECORDS
006416
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.

Kwyth 27-288-3 Highland Gardens L.3 Bl.1 TAXES: 8040 Gordon Place, Highland, IN 46322