

Donald Stepanovich
9717 Pine
Hand 46322

Legal records
when properly
executed.
Please,
type, or use
permanent
ink.

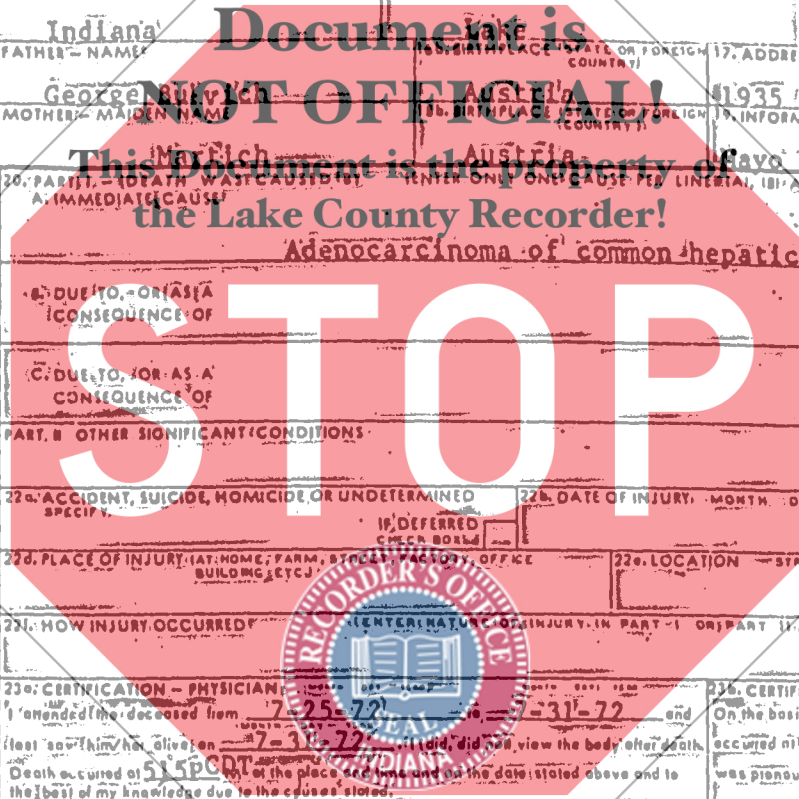
LOT 26 BL 112 WEST PARK 2ND ADDITION # 36-316-200 PLAT BOOK 15 PAGE 9

FILED

FEB 13 1982

Ann D. Cantor
CLERK
LAKES COUNTY

LOCAL FILE NUMBER 910										CERTIFICATE OF DEATH									
1. DECEASED'S NAME: FIRST MIDDLE LAST ANNA MARIE PISKOL					2. SEX: FEMALE					3. DATE OF DEATH: JULY 31, 1972									
4. AGE (IN YEARS LAST BIRTHDAY): 62			5. UNDER ONE YEAR: MONTHS DAYS HOURS MINUTES			6. DATE OF BIRTH: October 3, 1909			7. RACE: Cauc.			8. COUNTY OF DEATH: Olmsted							
9. LOCATION OF DEATH: (CITY, VILLAGE OR TOWNSHIP) Rochester										10. HOSPITAL OR OTHER INSTITUTION: St. Mary's Hospital									
11. BIRTHPLACE: (STATE OR FOREIGN COUNTRY) Indiana					12. CITIZENSHIP OF WHAT COUNTRY: U.S.A.					13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: SPECIFY Married									
14. WAS DECEASED EVER IN U.S. ARMED FORCES: No					15. SOCIAL SECURITY NUMBER: 325-10-6157					16. USUAL OCCUPATION, (GIVING OF AGRICULTURE, FISHING, MINING, OR OTHER BUSINESS OR INDUSTRY DURING MOST OF A WORKING LIFE, EVEN IF RETIRED): Housewife									
17. RESIDENCE - STATE: Indiana					18. COUNTY: Indiana					19. CITY, VILLAGE OR TOWNSHIP: Whiting, Indiana									
20. FATHER'S NAME: George Billy Kich					21. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana					22. ADDRESS (CITY, VILLAGE OR TOWNSHIP, STREET AND NUMBER, POST OFFICE): 1935 Calumet Ave., Whiting, Indiana									
23. MOTHER'S MAIDEN NAME: Marie Kich					24. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Austria					25. INFORMANT - NAME: Mayo Clinic Records - Rochester, Minnesota									
26. PART I - DEATH WAS CAUSED BY: (ENTER ONE OR MORE CAUSES PER LINE ITEM 1, 2 AND 3) A. IMMEDIATE CAUSE: Adenocarcinoma of common hepatic duct										27. I.F. DIAGNOSIS DETERMINED BY: (CHECK ONE) <input checked="" type="checkbox"/> BY PHYSICIAN <input type="checkbox"/> BY MEDICAL EXAMINER OR CORONER <input type="checkbox"/> BY OTHER: (SPECIFY)									
B. DUE TO, OR AS A CONSEQUENCE OF:										C. DUE TO, OR AS A CONSEQUENCE OF:									
PART II - OTHER SIGNIFICANT CONDITIONS:										28. AUTOPSY SPECIFIED: YES OR NO: Yes									
29. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED SPECIFY:					30. DATE OF INJURY: MONTH DAY YEAR HOUR: 7-25-72 10:00					31. INJURY AT WORK: SPECIFY YES OR NO: Yes									
32. PLACE OF INJURY: (AT HOME, FARM, STREET, FACTORY, OFFICE, BUILDING, ETC.):					33. LOCATION: STREET OR RFD. NUMBER CITY, VILLAGE OR TOWNSHIP COUNTY STATE:														
34. HOW INJURY OCCURRED: (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 20)																			
35. CERTIFICATION - PHYSICIAN: (I attended the deceased from 7-25-72 to 7-31-72 and last saw him/her alive on 7-31-72. I did not view the body after death. Death occurred at 5:30 PM at the place and time and on the date stated above and to the best of my knowledge due to the causes stated.)					36. CERTIFICATION - MEDICAL EXAMINER OR CORONER: (On the basis of the examination of the body and/or the investigation, in my opinion death occurred on 7-31-72 at 10:00 PM on the date and due to the causes stated above. The decedent was pronounced dead on 7-31-72 at 10:00 PM.)														
37. PHYSICIAN - SIGNATURE: <i>A. L. Brown</i>					38. MEDICAL EXAMINER OR CORONER - SIGNATURE:														
39. PHYSICIAN - NAME: A. L. Brown, M.D.					40. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT):														
41. MAILING ADDRESS: PHYSICIAN, MEDICAL EXAMINER OR CORONER: In/For the Mayo Clinic, Rochester, Minnesota										42. DATE SIGNED: MONTH DAY YEAR: August 3, 1972									
43. BURIAL, CREMATION, REMOVAL: SPECIFY: removal/burial					44. CEMETERY OR CREMATORY - NAME: St. John Cemetery					45. LOCATION: CITY, VILLAGE OR TOWNSHIP STATE: Hammond, Indiana									
46. DATE OF BURIAL, CREMATION OR REMOVAL: MONTH DAY YEAR: 8-1-72					47. FUNERAL HOME - NAME: Webster Funeral Home, 428					48. FUNERAL HOME - ADDRESS: 31 Ave S W, Rochester, Minnesota									
49. DATE FILED BY LOCAL REGISTRAR: MONTH DAY YEAR: 8-11-72					50. LOCAL REGISTRAR - SIGNATURE: <i>Margaret Jones</i>					51. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE: <i>Edith J. ...</i> 4558									



SIGNATURE OF SUB REGISTRAR August 11 1972

638

State of Minnesota
County of Olmsted

I, R. J. Jackson, Registrar of Vital Statistics for Rochester
City, Minnesota, do hereby certify that this is a true and
correct copy of the original certificate of *death*
as recorded in the books of this office.

Marjorie James Deputy,
Registrar

Subscribed to and sworn to before me this *11th* day of
August, A.D., 19*72*

Vonda Jean Anderson

Vonda Jean Anderson
Notary Public, Olmsted County, Minn.
My Commission Expires Feb. 7, 1975

