

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named 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.

DATE: OCT 30 1991

SIGNED: Robert C. Reckman

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: DEPUTY REGISTRAR

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

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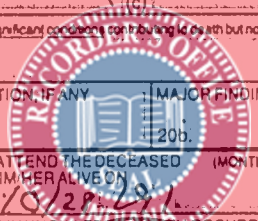


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DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.21		STATE OF ILLINOIS				STATE FILE NUMBER		
REGISTERED NUMBER 892		MEDICAL CERTIFICATE OF DEATH								
Type or Print in PERMANENT INK. See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)					
1. CAROL HENRY		FEMALE		OCTOBER 28, 1991				00189		
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)					
4. COOK		5a. 49	5b.	5c.	APRIL 3, 1942					
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. RM. INPATIENT (SPECIFY)				
6a. BERWYN		6MAC NEAL HOSPITAL				6INPATIENT 5				
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		ROB		WAS DECEASED IN U.S. ARMED FORCES? (YES/NO)		
7. CHICAGO, IL		8a. MARRIED		8b. WILFORD, HENRY		9. NO				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)				
1958-34-20		Supervisor		Organization for Blind		12. 9				
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY				
13152 S. KOSTNER		CHICAGO		13c. YES		13d. COOK				
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PORTO RICAN, etc.)				
ILLINOIS		60667		WHITE		14b. (X) NO () YES SPECIFY:				
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		16. RITA ENRIGHT						
15. Herman Rander										
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)						
1. BETTY J. KRAVCIK		HOSPITAL RECORDS		3249 S. OAK PARK AVE, BERWYN, ILL 60402						
18. PART I		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.								
3. Immediate Cause (Final disease or condition resulting in death)		a. Metastatic Cancer						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 mos		
CAUSE		DUE TO, OR AS A CONSEQUENCE OF								
IMMEDIATE CAUSE (a)		b.								
STATING THE UNDERLYING CAUSE LAST.		DUE TO, OR AS A CONSEQUENCE OF								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		JUN 3 1992						AUTOPSY (YES/NO): 19a. NO		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION:		19b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES () NO (X)		
20a.		20b.		20c.		20d.		20e.		
() DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON		(MONTH, DAY, YEAR)		21a. 10/28/91		21b.		21c. 11:00 A. M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE		22b. 10-29-91		22c. 036-079784		22d. 036-079784		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		Philip Painter M.D.		22e. 036-079784		22f. 036-079784		22g. 036-079784		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.		23a.		23b.		23c.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION		CITY OR TOWN		STATE		
24a. Burial		24b. St. Mary		24c. Evergreen Park, Illinois		24d. Oct. 31, 1991				
FUNERAL HOME:		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE		
25a. Becvar Funeral Home		5218 S. Kedzie		Chicago		Illinois		60632		
FUNERAL DIRECTOR'S SIGNATURE		25b. George Becvar		25c. 034-010865		25d. 034-010865		25e. 034-010865		
LOCAL REGISTRAR'S SIGNATURE		26a. Thomas H. Haughmussy, Reg. P. Frazee Dep.		26b. OCT 30 1991		26c. OCT 30 1991		26d. OCT 30 1991		

NOT OFFICIAL
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