

STRAT RICT NO **16.10**  
STERED: BER

93019687 STATE OF ILLINOIS **35-239-50** STATE FILE NUMBER  
**MEDICAL CERTIFICATE OF DEATH 604774**

Liberty 1900 Indps Bwd  
Whiting  
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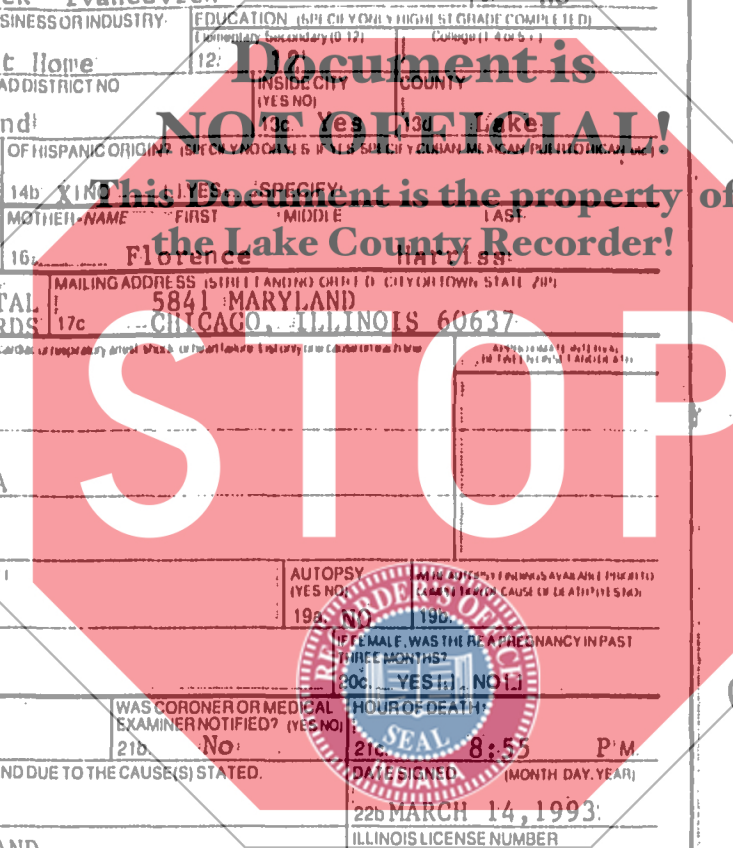
STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**MAR 16 1993**

I, VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

54th DEPARTMENT OF HEALTH - CITY OF CHICAGO

DECEASED-NAME FIRST MIDDLE LAST <b>ILLA MAE IVANCEVICH</b>		SEX <b>2. FEMALE</b>	DATE OF DEATH (MONTH DAY YEAR) <b>3. MARCH 13, 1993</b>
TYPE OF DEATH <b>COOK</b>		AGE-LAST BIRTHDAY (YRS) 5a. <b>70</b>	UNDER 1 YEAR 5b. MONTHS DAYS <b>5c. AUGUST 14, 1922</b>
TOWN, TWP, OR ROAD DISTRICT NUMBER: <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) <b>6b. UNIVERSITY OF CHICAGO HOSPITALS</b>	
PLACE (CITY AND STATE OR COUNTRY) <b>Quoin, IL</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. Married</b>	NAME OF SURVIVING SPOUSE (MARK WITH * IF WIFE) <b>8b. Nick Ivancevich</b>	
US SECURITY NUMBER: <b>359-16-2710</b>	USUAL OCCUPATION <b>11a. Homemaker</b>	KIND OF BUSINESS OR INDUSTRY <b>11b. At Home</b>	
ADDRESS (STREET AND NUMBER) <b>3804 Grover Ave.</b>		CITY, TOWN, OR ROAD DISTRICT NO <b>13b. Hammond</b>	
ZIP CODE <b>Indiana 131.46320</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>14a. White</b>	OF HISPANIC ORIGIN (SPECIFY AND CHECK IF FEMALE SPECIFY MEXICAN, GUATEMALAN, OR CUBAN) <b>14b. XINDIAN YES</b>	
FATHER-NAME FIRST MIDDLE LAST <b>Emmet Cavins</b>		MOTHER-NAME FIRST MIDDLE LAST <b>16. Florence Harold</b>	
DECEASED'S NAME (TYPE OR PRINT) <b>SHIRLEY PARKS</b>		RELATIONSHIP <b>17a. HOSPITAL RECORDS</b>	
MARTIAL STATUS (TYPE OR PRINT) <b>17b. HOSPITAL RECORDS</b>		MAILING ADDRESS (STREET AND NUMBER) CITY OR TOWN STATE ZIP <b>5841 MARYLAND CHICAGO, ILLINOIS 60637</b>	
CAUSE OF DEATH (Final cause or condition giving rise to death) <b>(a) RENAL FAILURE DUE TO, OR AS A CONSEQUENCE OF</b> <b>(b) MIXED CRYOGLOBULINEMIA DUE TO, OR AS A CONSEQUENCE OF</b> <b>(c) HEPATITIS C</b>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I <b>SEPSIS</b>			
OPERATION, IF ANY <b>20b.</b>		AUTOPSY (YES/NO) <b>19a. NO</b>	
DID NOT ATTEND THE DECEASED LAST SAW HIM HER ALIVE ON <b>3/13/93</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. No</b>	
SIGNATURE AND ADDRESS OF CERTIFIER <b>Scott S. Parker</b> <b>5841 MARYLAND CHICAGO, ILLINOIS 60637</b>		HOUR OF DEATH <b>21c. 8:55 P.M.</b>	
SIGNATURE AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER <b>SHANNON CARSON, MD</b>		DATE SIGNED (MONTH DAY YEAR) <b>22b. MARCH 14, 1993</b>	
TYPE OF CREMATION, BURIAL (SPECIFY) <b>Burial</b>		CEMETERY OR CREMATORY-NAME <b>24b. Oak Hill</b>	
LOCATION CITY OR TOWN STATE <b>24c. Hammond, Indiana</b>		DATE (MONTH DAY YEAR) <b>24d. March 17, 1993</b>	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>KOMPARE FUNERAL HOME 9858 S. COMMERCIAL AVENUE CHICAGO ILLINOIS 60617</b>			
FUNERAL DIRECTOR'S SIGNATURE <b>Robert A. Alberman</b>		FUNERAL HOME LICENSE NUMBER <b>34 011043</b>	
RECORDER'S SIGNATURE <b>Virginia L. Parker, M.B.A.</b>		DATE <b>MAR 16 1993</b>	



*Rockmans City*  
*7-33-33-AL50*  
*# 35-239-50*

**FILED**

**MAR 30 1993**

*Anna N. Anton*  
*CLERK*

**SAMPLE ORDER**

**MAR 3 6 01 AM '93**

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE STAMP IS AFFIXED.

STATE OF INDIANA'S S.N.O. LAKE COUNTY FILED FOR RECORD

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