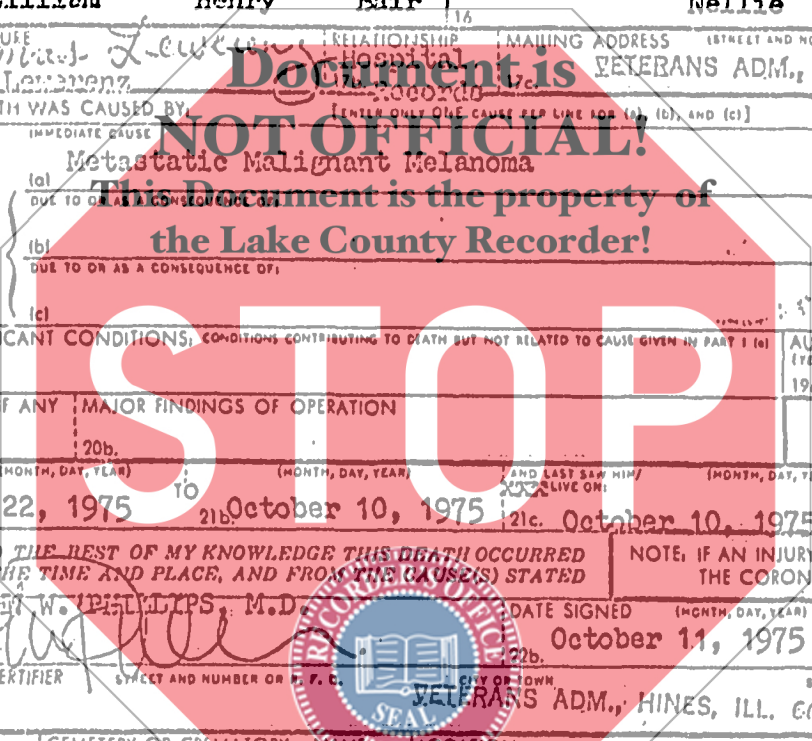


93040797

Certified Copy of a Death Record

PCMA VEZLY
7210 W 29th
GARY, IN 46406

DECEASED—NAME		SEX		DATE OF DEATH	
1. I. Co Clyde Bair		2. Male		3. October 10, 1975	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC (SPECIFY)		AGE—LAST BIRTHDAY (MOS., DATE, HOURS, MIN.)		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 54		6. August 26, 1921	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		INSIDE CITY (YES/NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. PROVISO TOWNSHIP		7c. NO		7d. VETERANS ADM., HINES, ILL. 60141	
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. Michigan		9. U.S.A.		10. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
12. 327-24-0719		13a. Stillman		13b. Oil Company	
RESIDENCE		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
14a. Indiana		14b. Gary		14c. Yes	
FATHER—NAME		MOTHER—MAIDEN NAME		STREET AND NUMBER	
15. William Henry Bair		16. Nellie Zora Goodpaster		14d. 7210 W 29th Avenue	
INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS	
17a. Thomas L. Lewicki		18. Death was caused by		19. VETERANS ADM., HINES, ILL. 60141	
PART I. IMMEDIATE CAUSE		PART II. OTHER SIGNIFICANT CONDITIONS		AUTOPSY (YES/NO)	
(a) Metastatic Malignant Melanoma		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		19a. No	
(b) DUE TO OR AS A CONSEQUENCE OF:				19b. -	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			
20a. -		20b. -			
21a. September 22, 1975		21b. October 10, 1975		21c. October 10, 1975	
21d. 6:55 P.M.					
SIGNATURE		DATE SIGNED		ILLINOIS LICENSE NUMBER	
22a. J. W. Phillips, M.D.		22b. October 11, 1975		22c. 36-6226535	
MAILING ADDRESS		CITY OR TOWN		STATE	
23. VETERANS ADM., HINES, ILL. 60141					
BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY—NAME		LOCATION	
24a. -		24b. Chapel Lawn		24c. Schererville Indiana	
FUNERAL HOME		NAME		STREET AND NUMBER OR R. F. D.	
25a. Schroeder-Lauer F.H.		3227 Ridge Road		Lansing IL	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
26a. R. H. Schroeder		25c. 4119			
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D. BY LOCAL REGISTRAR			
27a. Don Crovengano		26b. Forest Park, IL		October 11, 1975	



FILED

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was filed in my office in accordance with the provisions of the Illinois Vital Records Act.

JUN 25 1998

NOV 7 1975

SIGNED *Don Crovengano*

Don Crovengano ILLINOIS OFFICIAL LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Copies of the original record are authorized to be made by registrars.

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