

93075784  
 STATE OF MICHIGAN )  
 COUNTY OF BERRIEN ) 58

*Helen Sebak*  
 659 Yates, Calumet City, IL  
 60409

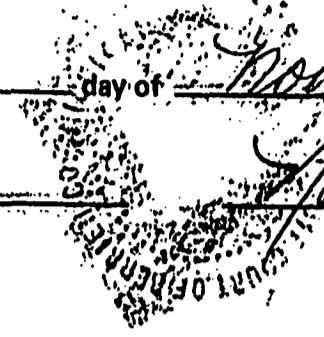
I, M. LOUISE STINE, Clerk of the County of Berrien, Clerk of the Circuit Court of said County, the same being a Court of Record and having a seal, do hereby certify that I have compared the below copy with the record thereof, now remaining in my office and have found it to be a true copy.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have affixed the Seal of said Circuit Court at St. Joseph,

this 8th day of November, A.D. 1993

M. LOUISE STINE  
 COUNTY CLERK

Arma F Toth  
 DEPUTY CLERK



STATE OF INDIANA/S.S.N.D.  
 LAKE COUNTY  
 FILED FOR RECORD  
 NOV 12 2 54 PM '93  
 SAMUEL MILLICH  
 RECORDER

LF 470  
 0292f60



STATE OF MICHIGAN  
 DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

DECEDENT NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)
1		MARGARET		KISH	Female	Apr 23, 1982
RACE		AGE		DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH	
4		White	75	Dec 24, 1906	Berrien	
LOCATION OF DEATH (Check one and specify)		CITY, VILLAGE, OR TOWNSHIP		HOSPITAL OR OTHER INSTITUTION		
7b		St. Joseph		Memorial Hospital		
DECLINENT		MARRIAGE		MARRIAGE		
9		Illinois the USA		Married Frank Kish		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13		373-58-4008	Housewife	Home		
CURRENT RESIDENCE-STATE		COUNTY	LOCALITY (Check one and specify)	STREET AND NUMBER		
15a		Michigan	Berrien	823 Lattimer Dr.		
FATHER-NAME		FIRST	MIDDLE	LAST	MOTHER-MAIDEN NAME	FIRST
10		Joseph		Sepsi	UNK	UNK
INFORMANT		MAILING ADDRESS		STREET OR RFD NO	CITY OR TOWNSHIP	STATE
18a		Frank Kish		823 Lattimer Dr, St. Joseph, MI 49085	St. Joseph	MI
PART I		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
19		Respiratory failure due to brain metastases				
20		Phlebotomy				
PART II		OTHER SIGNIFICANT CONDITIONS (List any contributing to death but not reported to cause given in PART I)				
21						
PLACE OF DEATH (Specify)		IF HOME, GIVE STREET, CITY, STATE, AND ZIP CODE		AUTOPSY (Specify Yes or No)		
22a		Hospital		20 No		
22b		Inpatient		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)		
22c		21 No				
CERTIFYING PHYSICIAN (Signature and Title)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
23a		Apr 27, 1982		1:30 P.M.		
23b		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
23c		S.R. Shastri, MD				
23d		ADDRESS OF CERTIFIER PHYSICIAN OR MEDICAL EXAMINER (Type or Print)				
23e		25 S.R. Shastri, MD, 820 Lester Ave, St. Joseph, MI 49085				
ACC. SUICIDE, HOPE, NATURAL OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a		26b	26c	26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home farm street factory other building, etc. (Specify)	LOCATION	STREET OR RFD NO	CITY, VILLAGE, OR TOWNSHIP	STATE
27a		27b	27c	27d		
BURIAL, CREMATION, REMOVAL, OTHER		CEMETERY OR CREMATORY-NAME		LOCATION CITY, VILLAGE, OR TOWNSHIP STATE		
27a		27b		27c		
27a		27b		27c		
DATE (Mo., Day, Yr.)		NAME OF FACILITY	ADDRESS OF FACILITY			
28a		28b	28c			
28a		28b	28c			
FUNERAL SERVICE LICENSEE (Signature)		REGISTRAR (Signature)	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
29a		29b	29c			
29a		29b	29c			

Resub. Pt NE S.29 T.37 R.9  
 All lot 41 & S1/2 lot 42 Block 1,  
 Key #30-13-32  
 unit #24

**FILED**

NOV 12 1993

*Anna N. Anton*  
 AUDITOR LAKE COUNTY

30935