		is ildr	S'ANAIC	IATE DEPA	HIMENT	OF HE	EALTH		450 W) · h	ncold that
Local No	will be no penalty to refuse		С	ERTIFICATI	E OF DEA	TH	State	No.	Sch	ا، بي	163K
47104	THE RECORDS IN THIS SE	RIES ARE CO	ONFIDENTIAL PER	I IC 16-1-19-3						27	•
TYPE/PRINT											
IN BERMANENT		CELLA				FEMALE 11:05		JF OCTOBER 3, 1997 7 BIATHPLACE (City and State or Foreign Country)			
PERMANENT BLACK INK	4. *SOCIAL SECURITY NUMBER 335 18 537	2 7	GE—Lest Birthday (ears) 74	Months Days	Sc UNDER 1 DAY Hours Minutes	1	9, 1923	1			
	Se WAS DECEDENT SE YEAR LAST SERVED IN US ARMED FORCEST			9e PI			UG 9, 1923 BENTON, ILLINOIS LACE OF DEATH (Check only one See Instructions)				
	NO -			HOSPITAL Inpetient DOA		<u>OTH€</u>	OTHER Nursing Home Other (Specify)				
DECEDENT	96. FACILITY NAME (If not mentur	9c. CITY, TO		Y, TOWN OR L	OWN OR LOCATION OF DEATH		M COUNTY OF DEATH				
DECEDENT!	7943 - 82				N POINT		LAKE				
	10. MARITAL STATUS (Specify) MARKIED	11. SURVIVIN	INTO STRUCK STRUCKS OF THE STRUCK STRUCKS OF THE STRUCK OF		12a DECEDENT'S USUAL OCCUPATION done during most of working Me Do in SECRETARY		TION (Give kind of work To not use reared)	1 1	26 KINO OF BUSINESS/INDUSTRY BROKERAGE HOUSE		
	134 RESIDENCE-STATE	136. COUNT		13c. CITY, TOWN, OR LO	OR LOCATION		13d STREET AND NUM		BER		
	INDIANA	LAKE		CROWN	POINT	•			82nd Court WEST		
	134 ZIP CODE 134 INSIDE CIT			15. WAS DECEDENT O			RACEAmerican Indian, Black, White, etc.		17. DECEDENT'S EDUCATION (Specify only highest grade completed)		
	46307 13g ON A FAR	M7	USA	Mexican, Puerto Ric	en. etc.)		pecity)	Elem	enery/Secondary	(0-12)	College (1-4 or 5 +)
DARCHITO	18. FATHER'S NAME (First Middle				19 N	OTHERS NAM	E (First Middle Meiden S	Surnem		ص	
PARENTS	JOHN MICK STELLA PAHUSKI								7		
INFORMANT	20s. INFORMANTS NAME (Type/ NARSE CUNICO						l Rouse Number, Cay or Crown Po				SBAND
	21s METHOD OF DISPOSITION	216 DATE AND PLACE OF DISPOSITION (Name of a			cremetory, or	21c LOCATION-City or Town State					
	☐ Bursel ☐ Cremetion ☐ Densition ☐ Other (Special	other place) OCTOBER 7, 19 HOLY SEPULCHRE 0			TERY	WORTH, Polinois					
DISPOSITION	22s. EMBALMER'S NAME				<u></u>	WAS DEATH REPORTED TO CORONER?					
-	not controls							XXIII Ves			
	244 SIGNATURE OF PUNERAL DE	RECTOR			ENSE NUMBER (Licenses)		E ADDRESS. AND LICE				
	Centhony Dendine 1 7D 0/010 402 530 W 14th St, Chicayotts, I								-		
	•		complications that cause on	sed the death. Do not ente	r nonspecific terms, su	ch se cerdiec or	respiratory		3.	"	Approximate interval Between
	RAMEDIATE CAUSE (FINE) Methodate Carcining a A That III								Onset and Death		
CAUSE OF	The state of the s					(OR AS A CONSEQUENCE OF)					
			DUE TO (C	R AS A CONSEQUENCE	OF)		-/ 1	Ľ.	الايات	D	
DEATH	resulting in deeth) Conditions if any, which gave	b		R AS A CONSEQUENCE			· () I		(1) (1)	D	SIANE FARE
	resulting in death? Conditions if any, which gave rise to the immediate cause, stating the underlying	b	DUE TO (O		OF)		Di	C C	04 199		STATE OF
	resulting in death) Conditions if any, which gave rise to the immediate cause.	b e	DUE TO (O	R AS A CONSEQUENCE	OF)		DE	C	04 199		STATE OF IND
	resulting in death? Conditions if any, which gave rise to the immediate cause, stating the underlying	b e e e	DUE TO (C	R AS A CONSEQUENCE	OF) OF) Part I 27 WAS	DECEDENT	SA	C	04 199 OFLICE	7. Property and the pro	3 <u>m</u> 0
	resulting in death? Conditions if any, which gave rise to the immediate cause, stating the underlying cause last. PART It. Other significant conditions		DUE TO (C	R AS A CONSEQUENCE R AS A CONSEQUENCE us not previously stated in	OF) OF) 27 WAS PRE POS	CNANT OR 90 TPARTUM?	SA	C M	04 199 ORLICE ÅKE ÖG	7 Reme Ago	
	resulting in death.] Conditions if any, which gave rise to the immediate cause, stating the underlying cause last		DUE TO (C	R AS A CONSEQUENCE R AS A CONSEQUENCE us not previously stated in	OF) OF) 27 WAS PRE POS	CHANT OR 90	SA S	C M	04 199 ORLICE AKE CE	Arre AGIT	
	resulting in death. Conditions if any, which gave rise to the immediate cause, stating the underlying cause last. PART II. Other significant conditions. Reval. 29a. CERTIFIER Check only.	Cell ERTIFYING PH	DUE TO (C) DUE TO (C) Ontributing to death b	IR AS A CONSEQUENCE IR AS A CONSEQUENCE II not previously stated in least of my knowledge, death	OF) OF) Part I 27 WAS PRE POS (Yes	CHANT OR 90 TPARTUM? or no) NO tate, and place, a	DAY TO (Yes or N	M M		DEATH!	
	resulting in death3 Conditions if any, which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant conditions Reval 29a CERTIFIER (Check only one)	COLL ERTIFYING PHY EALTH OFFICE	DUE TO (C) DUE TO (C) Ontributing to death b Cource YSICIAN To the bears of company to the bears o	IR AS A CONSEQUENCE IR AS A CONSEQUENCE If not previously stated in it is a constant of my knowledge, death assumption and/or investig	OF) Part I 27 WAS PRE POS (Yes occurred at the time. o	CNANT OR 90 TPARTUM? or no) NO late, and place, a	DAYA ID FOO (Year or n N and due to the cause(s) a the time, date, and place.	O states	e to the cause(s)	DEATH!	DENT TROINGS
	resulting in death3 Conditions if any, which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant conditions Reval 29a CERTIFIER (Check only one)	ERTIFYING PHI EALTH OFFICE ORONER ON	DUE TO (C) DUE TO (C) Ontributing to death b Cource YSICIAN To the bears of company to the bears o	IR AS A CONSEQUENCE IR AS A CONSEQUENCE II not previously stated in least of my knowledge, death	OF) Part I 27 WAS PRE POS (Yes occurred at the time. catton, in my opinion, de my opinion, death occurred at the time.	CNANT OR 90 TPARTUM? or no) NO late, and place, and occurred at the time	DAYA DIFFORMATION (Year or in N and due to the cause(s) at the time, date, and place, and due se. MEDICAL LICENSE	O stated and due to the	e to the cause(s) cause(s) and mar 29d. Di	DEATH!	THE CONTROL OF THE CO
	resulting in death I Conditions if any, which gave rise to the immediate cause, stating the underlying cause lists PART II. Other significant conditions Reval 29e CERTIFIER	COLL ERTIFYING PHY EALTH OFFICE ORONER On ERTIFICER	DUE TO CO DUE TO CO OUTPRING TO death b COUC YSICIAN To the be ER On the basis of examiner Columnia	IR AS A CONSEQUENCE IR AS A CONSEQUENCE If not previously stated in least of my knowledge, death inamination and/or investigation, in	OF) OF) Part 1 27 WAS PRECEDOS (Yes accoursed at the time, of accoursed at the time, of account of the time, of account of the time, of account of the time, of time, or time,	CNANT OR 90 TPARTUM? or no) NO late, and place, and occurred at the time	DAY DIFFO (Yee or N and due to the cause(s) a the time, date, and place, a date, and place, and due	O stated and due to the	e to the cause(s) cause(s) and mar	DEATH!	DEN PROINCE DEN PROINCE PART FO DEN PROINCE PROPERTY OF THE PROPERTY OF THE PR
OEATH The second of the secon	resulting in death.] Conditions if any, which gave rise to the immediate cause, stating the underlying cause last. PART II. Other significant conditions Reval. 29a CERTIFIER (Check only one) H	ERTIFYING PHY EALTH OFFICE ORONER ON ERTIFIER	DUE TO (C) DUE TO	IR AS A CONSEQUENCE IR AS A CONSEQUENCE II not previously stated in it is an of my knowledge, death eaxamination and/or investigation, in In DEATH (ITEM 28) (Type	OF) OF) Part I 27 WAS PRE: POS (Yes occurred at the time. o erion. in my opinion, de my opinion, death occ	CNANT OR 90 TPARTUM? or no) NO lete: and place: i eth occurred at the time	DAY DIFFORM (Yes or m. N. and due to the cause(s) a the time, date, and place, a date, and due 9c. MEDICAL LICENSE / 0 2 7 9 7	O states and due to the	cause(s) and mai	DEATH:	THE CONTROL OF THE CO
CERTIFIER	resulting in death.] Conditions if any, which gave rise to the immediate cause, stating the underlying cause last. PART II. Other significant conditions Reval. 29a CERTIFIER (Check only one) H	EATIFYING PHY EALTH OFFICE ORONER ON EATIFIER SON WHO CO GAILA	DUE TO (C) DUE TO	IR AS A CONSEQUENCE IR AS A CONSEQUENCE If not previously stated in least of my knowledge, death inamination and/or investigation, in	OF) OF) Part I 27 WAS PRE: POS (Yes occurred at the time. o erion. in my opinion, de my opinion, death occ	CNANT OR 90 TPARTUM? or no) NO lete: and place: i eth occurred at the time	DAY DIFFORM (Yes or m. N. and due to the cause(s) a the time, date, and place, a date, and due 9c. MEDICAL LICENSE / 0 2 7 9 7	O states and due to the	cause(s) and mar 29d. D. OCT	as stated mor as stated ATE SIGNI	THE CONTROL OF THE CO
OEATH The second of the secon	resulting in death. Conditions if any, which gave rise to the immediate cause, stating the underlying cause last. PART II. Other significant conditions Reval 29e. CERTIFIER C.	EATIFYING PHY EALTH OFFICE ORONER ON EATIFIER SON WHO CO GAILA	DUE TO (C) DUE TO	IR AS A CONSEQUENCE IR AS A CONSEQUENCE II not previously stated in it is an of my knowledge, death eaxamination and/or investigation, in In DEATH (ITEM 28) (Type	OF) OF) Part I 27 WAS PRE: POS (Yes occurred at the time. o erion. in my opinion, de my opinion, death occ	CNANT OR 90 TPARTUM? or no) NO lete: and place: i eth occurred at the time	DAY DIFFORM (Yes or m. N. and due to the cause(s) a the time, date, and place, a date, and due 9c. MEDICAL LICENSE / 0 2 7 9 7	O states and due to the	cause(s) and mar 29d. D. OCT	as stated mor as stated ATE SIGNI	TO THE PROPERTY OF THE PROPERT
CERTIFIER	resulting in death. Conditions if any, which gave rise to the immediate cause, stating the underlying cause last. PART II. Other significant conditions Reval 29e. CERTIFIER C.	EATIFYING PHY EALTH OFFICE ORONER On EERTIFIER SON WHO CO GAILA	DUE TO (C) DUE TO	IR AS A CONSEQUENCE IR AS A CONSEQUENCE II not previously stated in the consequence of	OF) OF) Part I 27 WAS PRE: POS (Yes occurred at the time. o erion. in my opinion, de my opinion, death occ	CNANT OR SO TPARTUM? Or NO NO late, and place, of the courred at the time. Munst	DAY DIFFORM (Yes or m. N. and due to the cause(s) a the time, date, and place, a date, and due 9c. MEDICAL LICENSE / 0 2 7 9 7	o and du a to the	e to the cause(s) cause(s) and market of the cause(s) and market of the cause(s) and market of the cause(s) and cause(s) a	as stated as stated ATE SIGNI 6, ana TE FILED	ED (Month Day, Year) 1997
CERTIFIER	resulting in death] Conditions if any, which gave rise to the immediate cause, stating the underlying cause last. PART II. Other significant conditions PART III. Other significant conditions Conditional Conditions PART III. Other significant conditions PART III. Other significant conditions Conditional Conditions PART III. Other significant conditions PART II. Other significant conditi	COLL ERTIFYING PHY EALTH OFFICE CRONER On ERTIFIER SON WHO CO GAILA 34	DUE TO CO	IR AS A CONSEQUENCE IR AS A CONSEQUENCE II not previously stated in the consequence of	OF) OF) OF) Part 1 27 WAS PRE: PRE: PRE: PRE: PRE: PRE: PRE: PRE:	CNANT OR SO TPARTUM? Or NO NO late, and place, of the courred at the time. Munst	DAY OF CAMERICAN AND AND AND AND AND AND AND AND AND A	o and du a to the	cause(s) and marged DCT a , Indi 132. QA 1814 QCCURRED N FLE WITH T	as stated as stated ATE SIGNI 6, ana TE FILED	ED (Month Day, Year) 1997
CERTIFIER	resulting in death I Conditions if any, which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant conditions Reval 29e CERTIFIER G.C. (Check only G.P. G.C. 30 NAME AND ADDRESS OF PER DR. SALMAN HILTH OFFICER SIGNAT 33 MANNER OF DEATH Natural Pending Investigation	ERTIFYING PHY EALTH OFFICE ORONER ON ERTIFIER SON WHO CO GAILA 34	DUE TO CO	IR AS A CONSEQUENCE IR AS A CONSEQUENCE II not previously stated in land of my knowledge, death assamination and/or investigation, in OF DEATH (ITEM 26) (Typ CO 1 UM D IV—At home, farm, street.	OF) OF) OF) Part I 27 WAS PRE: POS (Yes occurred at the time. of erion. in my opinion, de my opinion, death occ Cou e/Print I a AVE, 34c INJURY A (Yes or no)	CNANT OR SO TPARTUM? OF NO NO state, and place, and occurred at the time arrived at th	DAY OF CAMERICAN AND AND AND AND AND AND AND AND AND A	O statement of the stat	a to the cause(s) and market a point of the cause(s) and market a point of the cause(s) and market a point of the cause(s) and a point of the	as stated as stated and as stated ATE SIGNI AT	ted CMONTH Dey, Year) 1997 (Month Dey, Year) 1997 (Month Dey, Year) Town State)
CERTIFIER	resulting in death] Conditions if any, which gave rise to the immediate cause, stating the underlying cause last. PART II. Other significant conditions Reval 29a CERTIFIER (Check only one)	ERTIFYING PHY EALTH OFFICE ORONER ON ERTIFIER SON WHO CO GAILA 34	DUE TO CO	IR AS A CONSEQUENCE IR AS A CONSEQUENCE II not previously stated in land of my knowledge, death assamination and/or investigation, in OF DEATH (ITEM 26) (Typ CO 1 UM D IV—At home, farm, street.	OF) OF) OF) Part I 27 WAS PRE: POS (Yes occurred at the time. of erion. in my opinion, de my opinion, death occ Cou e/Print I a AVE, 34c INJURY A (Yes or no)	CNANT OR SO TPARTUM? OF NO NO State, and place, and place, and the time of the	DAY DISCOURSE (Yes or n N N and due to the cause(s) a the time, date, and place, and due so MEDICAL LICENSE / 0 2 7 9 7 C. er, Indi	O statement of the stat	a , Indi	as stated as stated and as stated ATE SIGNI AT	ted CMONTH Dey, Year) 1997 (Month Dey, Year) 1997 (Month Dey, Year) Town State)
CERTIFIER HEALTH OFFICER	resulting in death] Conditions if any, which gave rise to the immediate cause, stating the underlying cause last. PART II. Other significant conditions. PART III. Other significant conditions. III. Other significant conditions.	EATIFYING PHY EALTH OFFICE ORONER On EERTIFIER SON WHO CO GAILA 34	DUE TO CO AN I A DATE OF INJURY (Month. Day. Year In PLACE OF INJURY DUILDING SC (Special Control of Contr	IR AS A CONSEQUENCE IR AS A CONSEQUENCE II not previously stated in land of my knowledge, death assamination and/or investigation, in OF DEATH (ITEM 26) (Typ CO 1 UM D IV—At home, farm, street.	OF) OF) OF) OF) Part I 27 WAS PRE: PRE: PRE: PRE: PRE: PRE: PRE: PRE:	CHANT OR 90 TPARTUM? OF NO NO Late, and place, a eth occurred at the time 2. MUNS to WORK?	DAY OF CATALON (Yes or m. N. and due to the cause(s) a the time date, and place, and due so. MEDICAL LICENSE 102797 Cer, Indi 34d DESCRIBE HOW	O statement of the stat	a to the cause(s) and market a point of the cause(s) and market a point of the cause(s) and market a point of the cause(s) and a point of the	as stated as stated and as stated ATE SIGNI AT	ted CMONTH Dey, Year) 1997 (Month Dey, Year) 1997 (Month Dey, Year) Town State)
CERTIFIER HEALTH OFFICER	resulting in death. Conditions if any, which gave rise to the emmediate cause, stating the underlying cause list. PART II. Other significant conditions Reval 29e CERTIFIER	EATIFYING PHY EALTH OFFICE ORONER On EERTIFIER SON WHO CO GAILA 34	DUE TO CO AN I A DATE OF INJURY (Month. Day. Year In PLACE OF INJURY DUILDING SC (Special Control of Contr	IR AS A CONSEQUENCE IR AS A CONSEQUENCE II not previously stated in the consequence of	OF) OF) OF) OF) OF) Part I 27 WAS PRE: PRE: PRE: PRE: PRE: PRE: PRE: PRE:	CHANT OR 90 TPARTUM? OF NO NO Late, and place, a eth occurred at the time 2. MUNS to WORK?	DAY OF CATALON (Yes or m. N. and due to the cause(s) a the time date, and place, and due so. MEDICAL LICENSE 102797 Cer, Indi 34d DESCRIBE HOW	O statement of the stat	a to the cause(s) and market a point of the cause(s) and market a point of the cause(s) and market a point of the cause(s) and a point of the	as stated as stated and as stated ATE SIGNI AT	ted CMONTH Dey, Year) 1997 (Month Dey, Year) 1997 (Month Dey, Year) Town State)

Marie Committee of the state of