

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 established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE MAY 01 1998 SIGNED James E Zelbo  
 AT JOLIET, ILLINOIS 60433, Illinois OFFICIAL TITLE REGISTRAR

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

KATZ & BRENNMAN  
7895 BROADWAY  
MERRILLVILLE, IN 46410-5584

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

98014482

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

<b>REGISTRAR'S NAME</b> James E Zelbo <b>REGISTRAR'S ADDRESS</b> 1001036 <b>REGISTRAR'S PHONE</b> 815-734-2344		<b>DECEASED'S NAME</b> Mrs. Kathleen Hibner <b>DECEASED'S ADDRESS</b> 17c. Daughtert Minooka, IL 60447		<b>SEX</b> 2 Male <b>DATE OF BIRTH</b> 16, 1919 <b>APRIL 29, 1998</b>	
<b>COUNTY OF DEATH</b> Joliet <b>CITY/TOWN/TWP./OR ROAD DISTRICT NUMBER</b> Joliet, IL		<b>AGE - LAST BIRTHDAY</b> 78 <b>HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER GIVE STREET AND NUMBER)</b> Provena St. Joseph Medical Center		<b>UNDER 1 DAY</b> 2 <b>DATE OF BIRTH (MONTH, DAY, YEAR)</b> September 16, 1919	
<b>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)</b> 8a. Widowed		<b>NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE)</b> Webb Str.		<b>DATE OF DEATH</b> April 29, 1998	
<b>SOCIAL SECURITY NUMBER</b> 10. 327-09-8850		<b>KIND OF BUSINESS OR INDUSTRY</b> 11a. Salesman		<b>EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)</b> 12. High School	
<b>RESIDENCE (STREET AND NUMBER)</b> 13a. 9128 Hawthorne Dr.		<b>CITY, TOWN, TWP. OR ROAD DISTRICT NO.</b> 13b. Munster		<b>INSIDE CITY (YES/NO)</b> 13c. Yes	
<b>STATE</b> 13a. IN		<b>ZIP CODE</b> 13c. 46321		<b>OF HISPANIC ORIGIN? (SPECIFY NO/YES - F YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)</b> 14b. NO	
<b>FATHER - NAME (FIRST, MIDDLE, LAST)</b> 15. George Webb		<b>MOTHER - NAME (FIRST, MIDDLE, LAST)</b> 16. Myrtle Henderson		<b>RELATIONSHIP</b> 17a. Daughter	
<b>INFORMANT'S NAME (GIVE OR PRINT)</b> 17a. Mrs. Kathleen Hibner		<b>ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE ZIP)</b> 17c. 23554 S. Hickory Minooka, IL 60447		<b>APPROPRIATE INTERNAL MEDICAL HISTORY (SEE INSTRUCTIONS)</b> 10 days	
<b>18. PART I - IMMEDIATE CAUSE (FATAL disease or condition resulting in death)</b> (a) Pneumonia (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF		<b>17b. DAUGHTER</b>		<b>19a. NO</b>	
<b>18. PART II - OTHER (Specify conditions contributing to death but not resulting in the underlying cause given in Part I)</b> (a) SAM CRILICH (b) LUDWIG LAKE CITY		<b>19b. YES</b>		<b>19c. YES</b>	
<b>DATE OF OPERATION, IF ANY</b> 20a. 4/17/98		<b>MAJOR FINDINGS OF OPERATION</b> 20b.		<b>AUTOPSY (YES/NO)</b> 19a. NO	
<b>INDIVIDUAL WHO ATTENDED THE DECEASED AND LAST SAW HIM/LER ALIVE ON</b> 21a. 4/17/98		<b>DATE SIGNED</b> 21c. 4/30/98		<b>IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS?</b> 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>TO THE BEST OF MY KNOWLEDGE, IF ANY, OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.</b> 22a. SIGNATURE 22b. 2121 Onaida Joliet IL 60435		<b>DATE SIGNED</b> 21c. 7:35 A. M.		<b>ILLINOIS LICENSE NUMBER</b> 21d. 24036-068704	
<b>NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)</b> 22a. DR. WALSH		<b>DATE SIGNED</b> 21c. 4/30/98		<b>NOTE: IF AN ANATOMY WAS INVOLVED IN THIS DEATH, THE CONDONOR OR MEDICAL EXAMINER MUST BE NOTIFIED.</b>	
<b>NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)</b> 22b.		<b>DATE SIGNED</b> 21c.		<b>ILLINOIS LICENSE NUMBER</b> 21d.	
<b>BURIAL, CREMATION, REMOVAL (SPECIFY)</b> 24a. Burial		<b>CEMETERY OR CREMATORY - NAME</b> 24b. St. Mary's Cemetery		<b>LOCATION</b> 24c. Minooka	
<b>FUNERAL HOME</b> 25a. Blackburn-Giegerich-Sonntag Funeral Home 1500 Black Rd. Joliet, IL 60435		<b>STREET AND NUMBER OR R.F.D.</b> 25b.		<b>CITY OR TOWN</b> 25c. Joliet	
<b>FUNERAL DIRECTOR'S SIGNATURE</b> 25d.		<b>STATE</b> 25e. IL		<b>DATE</b> 24d. 05/02/1998	
<b>LOCAL REGISTRAR'S SIGNATURE</b> 26a.		<b>DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)</b> 25c. MAY 01 1998		<b>DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)</b> 25d.	

DECEASED'S RECORD NUMBER

MEDICAL CERTIFICATE OF DEATH