

M. Marianne Pivovarnik
5300 Rega Pl.
E. Chicago

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE May 1, 2000
 At Cook County Dept. of Public Health
 1010 Lake Street
 Oak Park, IL 60301

SIGNED Nicki Cannataello
 Official Title Chief Deputy Registrar

Sub. B. 3.4.9 + N 1/2 10 NE S. 29 T. 37 R. 9
 lot 19+20 Block 10
 Key #30-29-19 unit #24

STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0
 REGISTERED NUMBER
 DECEASED NAME Mary A. Pivovarnik FIRST MIDDLE LAST
 SEX Female DATE OF BIRTH (MONTH, DAY, YEAR) 3 April 29, 2000
 COUNTY OF DEATH Cook AGE-LAST BIRTHDAY (YRS) 28 UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR)
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 20020912788 HOSPITAL NUMBER 999 INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Care 28 IF HOSP. OR INST. INDICATE O.O.A. OR OTHER, N.M., INPATIENT (SPECIFY) inpatient
 6a. South Holland 6b. Manor Care 28 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Indiana MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) None
 7a. East Chicago 8a. Widowed 8b. None KIND OF BUSINESS OR INDUSTRY
 SOCIAL SECURITY NUMBER 1816-09-2803 USUAL OCCUPATION Homemaker 11b. Home EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 College (1-4 or 5+)
 RESIDENCE (STREET AND NUMBER) 532 Riga Pl. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 136 East Chicago INSIDE CITY (YES/NO) Yes COUNTY Lake
 13a. 532 Riga Pl. 13b. East Chicago 13c. Yes 13d. Lake STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
 14. Indiana 14a. White 14b. XX 14c. XX 14d. XX 14e. XX 14f. XX 14g. XX 14h. XX 14i. XX 14j. XX 14k. XX 14l. XX 14m. XX 14n. XX 14o. XX 14p. XX 14q. XX 14r. XX 14s. XX 14t. XX 14u. XX 14v. XX 14w. XX 14x. XX 14y. XX 14z. XX
 FATHER NAME FIRST MIDDLE LAST MOTHER NAME FIRST MIDDLE LAST (MAIDEN) LAST
 15. John Terme 16. Julia Turczi INFORMATION NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE AND ZIP CODE)
 17. Marianne T. Bojanowski 17a. Doughter 17b. 176532 Riga Pl. East Chicago In
 18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
 Immediate Cause (Final disease or condition resulting in death) CASTRIC CARCINOMA
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) METASTASIS TO LIVER
 STATE THE UNDERLYING CAUSE LAST. (b) DEMENTIA
 (c) SPINAL STENOSIS
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
 20a. SPINAL STENOSIS 20b. PETER BENJAMIN'S
 (DD) (DONOR) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 4/4/00 21a. 4/4/00 21b. NO 21c. NO 21d. NO
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 22a. SIGNATURE Stephen Stenedudela (TYPE OR PRINT) 22b. NO
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Hammond ILLINOIS LICENSE NUMBER 036-051648
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d. Hammond DATE SIGNED (MONTH, DAY, YEAR) May 3, 2000
 23. BURIAL CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 24a. Funeral Home 24b. Elmwood Cemetery 24c. Hammond 24d. Indiana 24e. May 3, 2000
 25a. Elmwood Chapel 11200 S. Ewing Chicago IL 60617 FUNERAL DIRECTOR'S SIGNATURE
 25b. Shirley Deem LOCAL REGISTRAR'S SIGNATURE
 25c. Karen L. Scott, M.D. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) May 1, 2000
 26. Nicki Cannataello 26b. May 1, 2000

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