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 statues relating to the registration of Birth, Stillbirths and Deaths.

DATE FEB 22 1980 SIGNED [signature] LOCAL REGISTRAR

AT BLUE ISLAND, ILLINOIS. OFFICIAL TITLE

STATE OF ILLINOIS
STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16-31
REGISTERED NUMBER 30

DECEDENT'S BIRTH NO.

Type or Print in PERMANENT INK. See Funeral Director, Hospital, or Physicians' Handbook for INSTRUCTIONS

DECEASED

DECEASED — NAME: 1. First: AUGUST; Middle: ; Last: CARTA
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 25, 1980
4a. RACE — (White, Black, American Indian, Etc.) (Specify): WHITE
4b. ORIGIN OR DESCENT: ITALIAN
5a. AGE — Last Birthday (Yrs): 67
5b. UNDER 1 DAY — Mos. / Days
5c. UNDER 1 DAY — Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): SEPT. 8, 1912
7a. COUNTY OF DEATH: COOK
4c. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: BLUE ISLAND
5d. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): ST. FRANCIS HOSPITAL
7b. IF HOSP. OR INST., INDICATE DOA or (Emer. Rm., Inpatient, Etc.) (Specify): INPATIENT
7c. STATE OF BIRTH (If not in U.S.A. name country): ITALY
7d. CITIZEN OF WHAT COUNTRY: U.S.A.
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
9. NAME OF SURVIVING SPOUSE (Maiden name, if wife): AMANDA PANOZZO
10. USUAL OCCUPATION: STATIONARY ENG.
11. KIND OF BUSINESS OR INDUSTRY: PAINT MFG.
12. U.S. WAR VETERAN (Yes/No): NO
13a. SOCIAL SECURITY NUMBER: 1233-05-2146
13b. INSIDE CITY (Yes/No): YES
13c. WAR OR DATES OF SERVICE: NONE
13d. RESIDENCE — STREET AND NUMBER: 268 MADISON
14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CALUMET CITY
14c. COUNTY: COOK
14d. STATE: ILLINOIS

PARENTS

FATHER — NAME: First: FRANK; Middle: ; Last: CARTA
15. MOTHER — MAIDEN NAME: First: ALBINA; Middle: De Momi; Last:

CAUSE

INFORMANT'S SIGNATURE: Michele Sellaro
16. RELATIONSHIP: CLERK
17b. MAILING ADDRESS (Street & No. or R. F. D., City or Town, State, Zip): 12935 GREGORY BLUE ISLAND, IL 6040[illegible]

17a. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. PART I. IMMEDIATE CAUSE
(a) Acute Kidney Failure
DUE TO, OR AS A CONSEQUENCE OF
(b) Cirrhosis of the Liver
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).
19a. AUTOPSY (Yes/No): NO
19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? - - - -

CONDITIONS IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

20a. MAJOR FINDINGS OF OPERATION
20b. DATE OF OPERATION (Month, Day, Year)

CERTIFIER

21a. I ATTENDED THE DECEASED FROM (Month, Day, Year): December 13, 1979
21b. TO (Month, Day, Year): January 25, 1980
21c. LAST SAW HIM ALIVE ON (Month, Day, Year): January 24, 1980
21d. HOUR OF DEATH: 4:05 P.M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE
22b. DATE SIGNED (Month, Day, Year): January 27, 1980
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Dr. Robert Borms 11250 S. Western Chicago, Illinois 60643
22d. ILLINOIS LICENSE NUMBER: 36-54640
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.
23.

DISPOSITION

24. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24a. CEMETERY OR CREMATORY — NAME: ASSUMPTION
24b. LOCATION — CITY OR TOWN: GLENWOOD
STATE: IL
24c. DATE (Month, Day, Year): JAN 28 1980
25. FUNERAL HOME NAME: PANOZZO BROS. FUNERAL HOME
25a. STREET AND NUMBER OR R.F.D.: 300 E. 115 ST.
CITY OR TOWN: CHICAGO
STATE: IL
ZIP: 60628
25b. FUNERAL DIRECTOR'S SIGNATURE: Lawrence C. Panozzo
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 6328
26. LOCAL REGISTRAR'S SIGNATURE: Edison O. Yunt
26a. DATE RECD BY LOCAL REGISTRAR (Month, Day, Year): Jan 27, 1980
26b. DATE (Month, Day, Year): JAN 28 1980

VR200 (REV. 1/78) Illinois Department of Public Health — Office of Vital Records
(BASED ON 1978 U.S. STANDARD CERTIFICATE)

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JUN - 8 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

SIGNATURE NOT REQUIRED
FEE FOR RECORDING

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