

**CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**DEC 16 1996**

**L SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF SAID RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.**

09206

**FILED**

**DEC 11 2006**

PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

DEC 11 2006 AM 9:51  
MICHAEL A. BROWN  
ORDER  
026642

COMMUNITY TITLE COMPANY  
FILE NO 33882

**THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.**

STATE FILE NUMBER  
**621513**

**MEDICAL CERTIFICATE OF DEATH**

1. DECEASED-NAME <b>Ernest J. Gibas Jr</b>		SEX <b>Male</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>December 13, 1996</b>	
2. COUNTY OF DEATH <b>Cook</b>		DATE OF BIRTH (MONTH, DAY, YEAR) <b>January 31, 1942</b>		IF HOSP. OR INST. INDICATE DATE, D.O.A. OPERA. RM. INPATIENT (SPECIFY) <b>Inpatient</b>	
3. CITY, TWP. OR ROAD DISTRICT NUMBER <b>Chicago</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>Paula Nevers</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>9. NO</b>	
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Chicago, Ill.</b>		KIND OF BUSINESS OR INDUSTRY <b>Machinery</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>College (1-4 or 5+)</b>	
5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b. Hammond</b>		INSIDE CITY (YES/NO) <b>13c. YES</b>	
6. SOCIAL SECURITY NUMBER <b>337-34-2087</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>		OF HISPANIC ORIGIN? (SPECIFY) NO/YES-IF YES, SPECIFY (CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>14b. X NO</b>	
7. RESIDENCE (STREET AND NUMBER) <b>7130 W. Grand Avenue</b>		MOTHER-NAME (FIRST, MIDDLE, LAST) <b>Mollie McDonald</b>		COUNTY <b>13d. Lake</b>	
8. FATHER-NAME (FIRST, MIDDLE, LAST) <b>Ernest Gibas Sr.</b>		RELATIONSHIP <b>Medical Records</b>		MIDDLE (MAIDEN) LAST <b>McDonald</b>	
9. INFORMANT'S NAME (TYPE OR PRINT) <b>Shirley Jackson</b>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>303 E. Superior Chicago, IL 60611</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
10. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(a) Intracranial hypertensive hemorrhage</b>		17. 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. <b>(a) Intracranial hypertensive hemorrhage</b>		19a. AUTOPSY (YES/NO) <b>YES</b>	
11. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b) DUE TO, OR AS A CONSEQUENCE OF</b>		17b. RECORDS <b>17c.</b>		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) <b>YES</b>	
12. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		18. MAJOR FINDINGS OF OPERATION <b>20b.</b>		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>YES</b> <input type="checkbox"/> NO <input type="checkbox"/>	
13. DATE OF OPERATION, IF ANY <b>20a.</b>		19. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. YES</b>		21c. HOUR OF DEATH <b>5:30 P. M.</b>	
14. (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)		22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22c. Bernard Bendok, M.D. 250 E. Superior Chicago, IL 60611</b>		22d. DATE SIGNED (MONTH, DAY, YEAR) <b>December 14, 1996</b>	
15. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24b. Woodlawn</b>		23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>23. H. Hunt Batier, M.D.</b>		ILLINOIS LICENSE NUMBER <b>22d. T-33462</b>	
16. FUNERAL HOME <b>25a. LEWIS FUNERAL HOME 7600 W. Grand Avenue</b>		24. LOCATION CITY OR TOWN STATE <b>Forest Park, Illinois 24c. Dec. 18, 1996</b>		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
17. FUNERAL DIRECTOR'S SIGNATURE <b>25b. Steven E. Lewis</b>		25. STREET AND NUMBER OR R.F.D. <b>60707<sup>th</sup> Elmwood park Illinois</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 034-011878</b>	
18. LOCAL REGISTRAR'S SIGNATURE <b>26a. [Signature]</b>		26. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>DEC 18 1996</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>DEC 18 1996</b>	