Key # 36-362-5

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk 36-362-6

18 SEP 2000

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

2007 094566

2007 NOV 30 PM 12:38

MICHAEL BROWN
RECORDER

COUNTY CLERK

STATE OF ILLINOIS

STATE FILE NUMBER 628059

MEDICAL CERTIFICATE OF DEATH

NT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

or Print in ANENT INK eral Directors', , or Physicians' dbook for RUCTIONS

-070

ECEASED

1/918

SUT

ARENTS

136x

427 A

CAUSE

ERTIFIER

POSITION

DECEASED – NAME (1. FIRST, MIDDLE, LAST): Casimir (Casey) J. Wilczynski

2. SEX: Male

3. DATE OF DEATH (MONTH, DAY, YEAR): December 22, 1979

4a. RACE – WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): White

4b. ORIGIN OR DESCENT: Polish

5a. AGE – LAST BIRTHDAY (YRS): 60

5b. UNDER 1 YEAR – MOS / DAYS

5c. UNDER 1 DAY – HOURS / MIN

6. DATE OF BIRTH (MO., DAY, YEAR): July 30, 1919

7a. COUNTY OF DEATH: Cook

7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago

7c. HOSPITAL OR OTHER INSTITUTION – NAME IF NOT IN EITHER GIVE STREET AND NUMBER: VA Lakeside Medical Center

7d. IF HOSPITAL OR INSTITUTION, INDICATE DOA, OUTPATIENT OR INPATIENT (SPECIFY): In-Patient

8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): Illinois

9. CITIZEN OF WHAT COUNTRY: United States

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

11. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): Helen Siejc

12. SOCIAL SECURITY NUMBER: 309-16-8901

13a. USUAL OCCUPATION: Unit Operator

13b. KIND OF BUSINESS OR INDUSTRY: Oil Refinery Unit Operator

13c. U.S. WAR VETERAN (YES/NO): Yes

13d. WAR OR DATES OF SERVICE: World War Two

14a. RESIDENCE STREET AND NUMBER: 4111 Sheffield

14b. CITY, TOWN, TWP OR ROAD DISTRICT NO: HAMMOND Chicago

14c. INSIDE CITY LIMITS (YES/NO): Yes

14d. COUNTY: LAKE Cook

14e. STATE: INDIANA ILL.

15. FATHER NAME – FIRST, MIDDLE, LAST: Joseph Wilczynski

16. MOTHER MAIDEN NAME – FIRST, MIDDLE, LAST: Mary Puchala

17a. INFORMANT'S SIGNATURE: Shirley Campbell

17b. RELATIONSHIP: Hospital Records

17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 333 East Huron Street, Chicago, Ill.

18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I.

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE	Cardiorespiratory Arrest	Minutes
(b) DUE TO OR AS A CONSEQUENCE OF	Status Post Left Cerebrovascular Accident	One Month
(c) DUE TO OR AS A CONSEQUENCE OF		

PART II. OTHER SIGNIFICANT CONDITIONS – CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b)

19a. AUTOPSY (YES/NO): NO

19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. DATE OF OPERATION, IF ANY

20b. MAJOR FINDINGS OF OPERATION

FILED
NOV 30 2007

21a. I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): VA December 17, 1979

21b. TO: December 22, 1979

21c. LAST SAW ALIVE (MONTH, DAY, YEAR): December 22, 1979

21d. HOUR OF DEATH: 7:30 A.M.

TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

22a. SIGNATURE: Lisa Waxman M.D.

22b. DATE SIGNED (MONTH, DAY, YEAR): December 23, 1979

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): LISA WAXMAN, M. D. 333 East Huron Street Chicago Illinois 60611

22d. ILLINOIS LICENSE NUMBER: 36-59444

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

24b. CEMETERY OR CREMATORY NAME: Holy Cross Cemetery

24c. LOCATION – CITY OR TOWN, STATE: Calumet City, Illinois

24d. DATE (MONTH, DAY, YEAR): December 28, 1979

25a. FUNERAL HOME NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP: Opyt Funeral Home 13350 S. Baltimore Ave. Chicago Illinois 6063

25b. FUNERAL DIRECTOR'S SIGNATURE: Thomas J. Opyt

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 7999

20a. LOCAL REGISTRAR SIGNATURE: Virginia Ellen D

CHICAGO DEPT. OF HEALTH
RICHARD J. DALEY CENTER ROOM 151
CONCOURSE LEVEL, CHICAGO 60602

20b. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR): DEC 26 1979

11.0 dds CS

VR 200 (REV. 1/78) Illinois Department of Public Health – Office of Vital Records (MADE ON 1936 U.S. STANDARD CERTIFICATE)

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