

CERTIFICATION OF VITAL RECORD

HARVEY, ILLINOIS DISTRICT 16.34

2007 10 10 05 00

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 1634 REGISTERED NUMBER 45

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

1. DECEASED—NAME FIRST MIDDLE LAST 2. SEX 3. DATE OF DEATH (MONTH, DAY, YEAR) 4. COUNTY OF DEATH 5a. AGE—LAST BIRTHDAY (YRS) 5b. UNDER 1 YEAR 5c. UNDER 1 DAY 5d. DATE OF BIRTH (MONTH, DAY, YEAR)

DECEASED

6a. Harvey 6b. Ingalls Hospice Inpatient Unit 6c. Inpatient 7. Chicago, IL 8a. Married 8b. Edward L. Mrosek Sr. 9. No 10. 335-34-2616 11a. Homemaker 11b. Own Home 12. 12

PARENTS

13a. Indiana 13b. 46356 13c. 413 Decwood Ln 13d. Lowell 14a. White 14b. NO 14c. YES 15. Harry Badeusz 16. Dorothy Buzza

CAUSE

17a. Edward L. Mrosek Sr. 17b. Husband 17c. 413 Dogwood Ln 17d. Lowell, IN 46356 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. (a) PANCREAS C CA (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

CERTIFIER

19a. NO 19b. NO 20a. NO 20b. YES 20c. YES 20d. NO 21a. (DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21c. HOUR OF DEATH 21d. DATE SIGNED (MONTH, DAY, YEAR) 22a. SIGNATURE 22b. NAME AND ADDRESS OF CERTIFIER 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d. ILLINOIS LICENSE NUMBER

DISPOSITION

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial 24b. Abraham Lincoln 24c. Elwood 24d. 01/27/2004 25a. Vandenberg Funeral Home 19604 S. Wolf Rd. Mokena, IL 60448- 25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 26a. LOCAL REGISTRAR'S SIGNATURE 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

FILED DEC 28 2007

CERTIFIED COPY OF VITAL RECORDS

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE INDIVIDUAL NAMED THEREIN 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.

D62128

DATE ISSUED OCT 30 2007

24716

ISSUED AT:

CITY OF HARVEY 15320 SO. BROADWAY AVE. ILLINOIS 60426

Nancy L. Clark LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.

Handwritten notes: 2860597, ddw, 11-00, JB/FTM

