REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 617999

MEDICAL CERTIFICATE OF DEATH

1. DECEASED–NAME (FIRST / MIDDLE / LAST)	2. SEX	3. DATE OF DEATH (MONTH, DAY, YEAR)
Frank R. Klotz	Male	October 2, 1992

4. COUNTY OF DEATH	5a. AGE–LAST BIRTHDAY (YRS)	5b. UNDER 1 YEAR MOS / DAYS	5c. UNDER 1 DAY HOURS / MIN.	5d. DATE OF BIRTH (MONTH, DAY, YEAR)
Cook	54			March 11, 1938

6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	6c. IF HOSP. OR INST., INDICATE D.O.A. OR EMER., RM, INPATIENT (SPECIFY)
Chicago	UIC University of Chicago Hospital	Emergency

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
Chicago, IL	Married	Joanne Manes	NO

10. SOCIAL SECURITY NUMBER	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) / College (1-4 or 5+)
341-30-3618	Carpenter	Construction	12

13a. RESIDENCE (STREET AND NUMBER)	13b. CITY, TOWN, OR ROAD DISTRICT NO.	13c. INSIDE CITY (YES/NO)	13d. COUNTY
16506 Parrish	Lowell	NO	Lake

13e. STATE	13f. ZIP CODE	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
Indiana	46356	White	NO ☐ YES SPECIFY:

15. FATHER–NAME (FIRST / MIDDLE / LAST)	16. MOTHER–NAME (FIRST / MIDDLE / LAST)
Frank B. Klotz	Ruth Rispen

17a. INFORMANT'S NAME (TYPE OR PRINT)	17b. RELATIONSHIP	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
Joanne Klotz	Spouse	16506 Parrish Lowell, IN 46356

18. PART I. Enter the diseases, injuries, and 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. (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH)

Immediate Cause (Final disease or condition resulting in death)

(a) Probable Acute Myocardial Infarction immediate

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

DUE TO, OR AS A CONSEQUENCE OF

(b) essential Hypertension years

DUE TO, OR AS A CONSEQUENCE OF

(c) Unknown

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

19a. AUTOPSY (YES/NO)	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
NO	

20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND DID (DID NOT) SEE HIM/HER ALIVE ON (MONTH, DAY, YEAR)	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21c. HOUR OF DEATH
Oct 2 Oct 5	YES	9:05 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 ▶ Jon Misch DO

22b. DATE SIGNED (MONTH, DAY, YEAR) 10/5/92

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22c. Jon D. Misch DO 13963 Morse Cedar Lake, IN

22d. ILLINOIS LICENSE NUMBER 02000900

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

23.

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

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY–NAME	24c. LOCATION CITY OR TOWN / STATE	24d. DATE (MONTH, DAY, YEAR)
Burial	Lake Village Cemetery	Lake Village, IN	Oct. 6, 92

25a. FUNERAL HOME NAME / STREET AND NUMBER OR R.F.D. / CITY OR TOWN / STATE	
Blake Lamb Funeral Home 2737 W. 74th St. Chicago Illinois 60652	
Sheets Funeral Home 604 E. Commercial Ave. Lowell IN 46356	

25b. FUNERAL DIRECTOR'S SIGNATURE ▶ Blake D. Lamb Registered Agent

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011832

26a. LOCAL REGISTRAR'S SIGNATURE ▶ Virginia L. Parker, M.B.A.

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) OCT 0 5 1992

VR200 (Rev. 1/89) Illinois Department of Public Health—Office of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

OCT 0 7 1992 —

Key # (10) 1-60-22.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.B.A. 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 A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

FILED

MAR 18 2008

PEGGY ROLINGS RATONA
LAKE COUNTY AUDITOR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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DEPARTMENT OF HEALTH - CITY OF CHICAGO