STATE FILE NUMBER

•	REGISTERED NUMBER	755	MEDICAL			CERTIFICATE OF DEATH									
Type or Print in	DECEASED-NAME	F	IRST	MIDDLE		LAST		- 1	SEX		E OF DEATH	HTMOM) H	, DAY, YEAR)		
PÉRMANENT INK Funeral Directors,	1.	HELE	IN 1	EVE		CKOWSKI			2.FEMALE				R 4, 2006		
pital, or Physicians Handbook for	COUNTY OF DEATH			AGE-LAST BIRTHDAY		MOS. DAY		IDER 1 DA	N.	-	MONTH, DAY,	•			
INSTRUCTIONS		COOK		5a. 84	15	5b.	5c.	- I	5d. A	UGUS	r 04,		DO MICT INDICATE D.O.		
	CITY, TOWN, TWP, O			- 1									OR INST, INDICATE D.O.A RM, INPATIENT (SPECIF		
A	6a. CHTCA BIRTHPLACE (CITYA	GO HEIGH	TS	6b. ST	JAM	IES HOS	PTTA	L ANI	HEALT	H CEI	TERS	6c. (CCU Twasdeceased ever ii		
DECEASED	FOREIGN COUNTRY)		WIDOWED I	DIVORCED (SPEC	IFY)	į ·			TKOWSKI				ARMED FORCES? (YES		
	7. CHICAGO,	TLLTNOTS	8a. MAR			8b. THE			TRY EDUC	ATION (S			RADE COMPLETED)		
В	10. 327-14-	1540	11a. BINDER			11bBOOK BINDING 12.				tary/Secondary (0-12) College (1-4 or 5 +) 12					
D	RESIDENCE (STREET		IIIa. D	THDEK	CITY, 1	TOWN, TWP.				INSIDE		COUNTY			
<i>D</i>	13a. 8146 V.	AN BUREN	AVENII	E	13b.	MUNST	ER			(YES/NO		13d.	LAKE		
E	STATE	ZIPCOI		RACE (WHITE, BL	ACK, AME			ANIC ORI	GIN? (SPECIFY	NO OR YES	IF YES, SPEC		MEXICAN, PUERTO RICAN		
	13e.INDIANA	13f. 4	6321	INDIAN, etc.) (SPECI			14b. [X NO	☐ YES	SPEC	IFY:				
	FATHER-NAME		MIDDLE	LAS	ŧΤ		MOTHE	R- <i>NAME</i>	FIRST	MIC	DLE		(MAIDEN) LAST		
PARENTS	15. S'	TANLEY		RZEPCZ	YNSK	(I	16.		STELLA			P	ISARSKI		
	INFORMANT'S NAME	(TYPE OR PRINT)			1	LATIONSHIP	- 1		ODRESS (STRE						
1	17a. THEODO					_{b.} HUSBA							ER, IN 4632		
2	18. PART I.	Enter the shock, or	diseases, or co	omplications that c	aused th	e death. Do not ich line.	enter the	mode of d	ying, such as ca	rdiac or re	spiratory arr		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
3	Immediate Cause (Fir	nai		۱۰ م					•			8			
	disease or condition resulting in death)	(<u>a</u>)	ETO ODAC	CONSEQUENCE	<u> </u>	ock_						-			
	CONDITIONS, IF A	NY	E 10,0HASA	CONSEQUENCE	:01 مال:	ASO.	3	Fail.	Se.			\bigcirc			
CAUCE	WHICH GIVE RISE IMMEDIATE CAUSE	TO $\frac{(b)}{DU}$	ETO, ORAS	CONSEQUENCE	OF	m ogs	<u>u</u>	1000				-			
CAUSE	STATING THE UND	EHLTING	,			•						25			
4	PART II. Other signific	cant conditions contrib	uting to death but	not resulting in the uno	lerlying ca	use given in PART	t.	_		AL	JTOPSY		OPSY FINDINGS AVAILABLE PRIC		
4				Doc	111	men	4 1	0			es/NO) NO	SEMPLET	IONOFCAUSE OF DEATH? (YES/		
N	DATE OF OPERATIO	N, IF ANY	MAJOR FINE	DINGS OF OPERA	TION						IF FEMAL	1	REAPREGNANCY IN PAS		
P	20a.		20b.	OT	T	THE		AT				YES []	NOKIX		
	I (DID) (DID NOT) ATT AND LAST SAW HIM/	END THE DECEA	SED (MON	(TH, DAY, YEAR)				W/ EX	AS CORONER	OR MEDIC	CAL HOU	ROFDEAT	Н		
	21a.		his D	ocume	nt:	is the					21c.		12:37 P		
	TO THE BEST OF MY	KNOWLED B D	EATH OCCUP	REDAT THE TIM	E, DATE	AND PLACE A	ND DUE	TOTHEC	AUSE(S) STAT	ED.	DATE	SIGNED	(MONTH, DAY, YEAR		
CERTIFIER	22a. SIGNATURE Lake County Recorder!										-22b.	Control of the Contro	11406		
CENTITIEN	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)										52	Ç.,	SERUMBER		
	22c.						0 77	177	THE COUNTY	77.00	22d.	36	140331		
	NAME OF ATTENDIN		KHAW		ND				IH SIKE	_	PEATI	H THE CORO	IY WAS INVOLVED IN THIS NER OR MEDICAL EXAM		
İ	23. W/1			REMATORY-NAM			CATION		TYORTOWN		ESP	BE NOTIFIE	***		
	REMOVAL (SPECIFY)								r CITY,			25-	SEPT. 8, 20		
	24a. BURIA FUNERAL HOME	LL 240.	NAME	CROSS CE		NUMBER OR R.F		LUTIL	CITY OR TOV			STATE	ZIP		
DISPOSITION	25a. AERO R	EMOVALS.	919 N	. GARFIE	LD S	STREET.	LOM	BARD	ILLIN	OIS	6014		magnetic field of the control of the		
	FUNERAL DIRECTO		2	- /							RECTOR'S ILL	INOISTICEN	ISE NUMBER		
	25b. ▶ .	ranh	Va	sich	TITLE	RECOM			2	5c.	034-	14287			
	LOCAL REGISTRAR	SSIGNATURE		- S	0)		à			ATE FILED	BY LOCAL REG	GISTRAR (MC	ONTH, DAY, YEAR)		
	26a.	the !	1.7	4460	/ m=		1		4 2	6b.	ster	nter	12,200		
	VR200 (Rev. 5/89)		Blic	noir Department o	of Public	Health—Divisi	on of Vita	al Records			(BAS	ED ON 1989 (J.S. STANDARD CERTIFIC		
				E	2.0	EAS.	IIII		. /						
				E	, /Au	DIANIA U	5/								
					DIC	TCL A TED	ETTE A	NID &	ORRECT	r cof	Y OF	ГНЕ			
II	IEREBY CER	TIFY TH	AT THE	FOREGO	ING.	TAMES V.	UE AL		THAT	CHIS	RECOF	RD WA	AS .		
DI	IEREBY CER EATH RECOI	RD FOR T	HE ABC	VE NAM	ED II	NILEM	NU. I	יתנו בי	LA LATE TYRYY 1	bb∪.	VISION	IS OF	THE		
ES	TABLISHED	AND FILE	D IN M	Y OFFICE	, IN A	ACCORT	JANU	E WI.		IKO	A TOTOL		DEATHS.		

ILLINOIS STATUTES RELATING
APR 0 8 2008 SIGNED:

AT: CHICAGO HEIGHTS, IL 60411

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PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

Birthplate

010624