

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 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.

December 3, 1998

DATE

SIGNED

Jasmina Dzek
Official Title Chief Deputy Registrar

At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 160

REGISTERED NUMBER

DECEASED-NAME

1. COUNTY OF DEATH

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

6a. Palos Heights

7. Joliet, IL

10. 341-16-4423

13a. 7437 W. 153rd St.

13b. Illinois

13c. 60462

13d. White

13e. White

13f. White

13g. White

13h. White

13i. White

13j. White

13k. White

13l. White

13m. White

13n. White

13o. White

13p. White

13q. White

13r. White

13s. White

13t. White

13u. White

13v. White

13w. White

13x. White

13y. White

13z. White

13aa. White

13ab. White

13ac. White

13ad. White

13ae. White

13af. White

13ag. White

13ah. White

13ai. White

13aj. White

13ak. White

13al. White

DECEASED-NAME: Michael G. Wawczak SEX: Male DATE OF DEATH: December 2, 1998

AGE AT LAST BIRTHDAY: 88 UNDER 1 YEAR: 0 UNDER 1 DAY: 0

HOSPITAL OR OTHER INSTITUTION: Palos Community Hospital DATE OF BIRTH: October 9, 1910

NAME OF SURVIVING SPOUSE: Dorothy G. Wawczak

NAME OF BUSINESS OR INDUSTRY: Oil Co.

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 10

INSIDE CITY (YES/NO): Yes COUNTY: COOK

FATHER-NAME: Thaddais Wawczak MOTHER-NAME: Amelia Vitanovec

17a. Dorothy G. Wawczak 17b. W. 153rd St. 17c. 7437 W. 153rd St. 17d. 60462

18. PART I: Immediate Cause (Final disease or condition resulting in death): Cardiac Failure

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

20a. DATE OF OPERATION, IF ANY

20b. MAJOR FINDINGS OF OPERATION

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: William B. Evans M.D.

22b. ILLINOIS LICENSE NUMBER: 36623581

22c. NAME OF TENDING PHYSICIAN IF OTHER THAN CERTIFIER: William B. Evans M.D.

23. WILLIAM B. EVANS M.D. 17850 S. KEDZIE HAZEL CREST, IL

24a. Cremation 24b. Skyline Memorial Park 24c. Monee, Illinois 24d. 12-5-1998

25a. Colonial Chapel 15525 S. 73rd Ave. 25b. 60462

25c. 34-014329

25d. 12-3-1998

25e. 34-014329

25f. 12-3-1998

25g. 34-014329

25h. 12-3-1998

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25z. 12-3-1998

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