

CERTIFIED COPY OF A DEATH RECORD

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **74.0**

REGISTERED NUMBER **22**

DECEDENT'S BIRTH NO.

1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY PIATT		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE ILLINOIS		b. COUNTY PIATT	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Cerro Gordo				c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Cerro Gordo			
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....		e. LENGTH OF STAY IN 1c or 1d 2 Yrs		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....		e. LENGTH OF RESIDENCE AT 2c or 2d 2 Yrs	
f. NAME OF HOSPITAL OR INSTITUTION Residence				g. LENGTH OF STAY IN IF			
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office 329 Oakley Road, Cerro Gordo, Ill				f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 329 Oakley Road Cerro Gordo, Illinois			
3. NAME OF DECEASED a. (FIRST) Ara				b. (MIDDLE) Catherine		c. (LAST) Waggoner	
5. SEX Female				6. RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
10a. USUAL OCCUPATION Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker		8. DATE OF BIRTH May 31, 1904		9. AGE (in years last birthday) 61	
11. BIRTHPLACE (City and state or foreign country) Decatur, Illinois				12. Citizen of what country? USA			
13. FATHER'S FULL NAME Samual Rawlings				14. MOTHER'S FULL MAIDEN NAME Ada Savage			
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) No		16. SOCIAL SECURITY NUMBER None		17. INFORMANT a. SIGNATURE A. J. Waggoner		b. ADDRESS 329 Oakley Road Cerro Gordo, Illinois	
18. MEDICAL CAUSE OF DEATH				c. RELATIONSHIP TO DECEASED Husband		19. AGE (in years last birthday)	

PART I. DEATH WAS CAUSED BY. [Enter only one cause per line for (A), (B) and (C)]		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Cerebro Vascular accident		
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last.	due to (B) Arterio Sclerosis	45 Min
	due to (C)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A)		20. AUTOPSY?
19a. DATE OF OPERATION, IF ANY.		19b. MAJOR FINDINGS OF OPERATION
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

NOTE: If an injury was involved in this death, the Coroner must be notified.

21. I hereby certify that I attended the deceased from June 10, 1965 to Feb. 22, 1966, that I last saw the deceased alive on Feb. 22, 1966, and death occurred at 6 A. M., from the causes and on the date stated above.

Signature H. E. Cummins M.D. Date 2-23-66 Illinois License No. 36-38728

Address Cerro Gordo, Illinois Phone 2831

22. DISPOSITION: BURIAL-REMOVAL-CREMATATION Date Feb. 24-66
 CEMETERY Cerro Gordo
 LOCATION Cerro Gordo, Ill.

23. FUNERAL DIRECTOR Brintlinger Funeral
 SIGNATURE Arthur W. Herron
 ADDRESS 111 Madison Illinois License No. 6243
Cerro Gordo, Ill.

24. Received for filing on Feb. 24, 1966 (Signed) A. R. Parsons LOCAL REGISTRAR

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes.

DATE Feb. 25, 1966 SIGNED A. R. Parsons
 AT Monticello, Illinois. OFFICIAL TITLE Local Registrar