

DECEDENT'S BIRTH NO.

STATE OF ILLINOIS

STATE FILE  
NUMBERREGISTRATION  
DISTRICT NO. 92.0

## MEDICAL CERTIFICATE OF DEATH

REGISTERED  
NUMBER 980DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
1. Wilma Myers female 3. Oct. 26, 1982RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) ORIGIN OR DESCENT AGE - LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH  
4a. white 4b. American 5a. 74 5b. 5c. 6. July 15, 1908 7a. VermilionCITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM, INPATIENT (SPECIFY)  
7b. Danville 7c. Lakeview Medical Center 7d. inpatientSTATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)  
8. Illinois 9. USA 10. married 11. Raymond MyersSOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE  
12. 340-22-7499 13a. homemaker 13b. own home 13c. no 13d. -RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY STATE  
14a. 2200 N. Vermilion 14b. Danville 14c. yes 14d. Vermilion 14e. IllinoisFATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST  
15. James William Sinclair 16. Margaret unkINFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)  
17a. Raymond Myers 17b. husband 17c. R.R. #1, Oakley, Il. 62552

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE  
1. (a) CARDIO-RESP ARREST  
2. DUE TO, OR AS A CONSEQUENCE OF  
3. (b) ACUTE PULMONARY EDEMA  
4. DUE TO, OR AS A CONSEQUENCE OF  
5. (c)  
6. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH  
19a. no 19b.DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
20a. 20b. 20c. YES  NO  UNK I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR) HOUR OF DEATH  
21a. 6/18/82 21b. 10/26/82 21c. 10/26/82 21d. 8:35 A M.TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)  
22a. SIGNATURE R. M. Sadiq 22b. 10/29/82NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER  
22c. Raja M. Sadiq, M.D., 735 North Logan Avenue, Danville, IL 22d. 36-45427

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
24a. burial 24b. Graceland 24c. Decatur, Il. 24d. Oct. 29, 1982FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
25a. Dawson & Wikoff, 515 W. Wood, Decatur, Il. 62522FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
25b. Frederick E. Meyer 25c. F-7270LOCAL REGISTRAR'S SIGNATURE DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
26a. Gerald H. Weinholt Jr. 26b. Nov 1, 1982

VR200 (REV. 1/78)

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1978 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1 and that this record was established and filed in registration of births, stillbirths and deaths.

DATE Nov 1, 1982 SIGNED Marilyn K. Kralik  
STATE Danville, Illinois OFFICIAL TITLE Deputy Registrar

The original record of this death is permanently filed with the Illinois Dept. of Public Health at Springfield, Illinois. County Clerks and local Registrars are authorized to make certifications of a death record by the Dept. of Public Health. The Illinois Statutes provide that the certification of a death record by the Dept. of Public Health or the Local Registrar or the County Clerk shall be prima facie evidence in all Courts and places therein stated.