

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.315, RSMo 1986)

STATE OF MISSOURI }
CITY OF JEFFERSON } ss I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

JAN 24 1994

Garland H. Land

Garland H. Land
State Registrar of Vital Statistics

Missouri

THE DIVISION OF HEALTH OF MISSOURI Vital Records		DELAYED OR SPECIAL CERTIFICATE OF BIRTH		No. 206845
Print Full Name of birth	<u>Robert Edward Richie</u>	Date of birth	<u>May 9</u> 19 <u>18</u>	(Month) (Day) (Year)
Color or race	<u>White</u> Sex <u>Male</u> Birthplace <u>St. Louis</u>		<u>Missouri</u>	(City or Town) (County) (State)
Father: name	<u>Marvel Johnson Richie</u>	Birthplace	<u>Macoupin Co., Illinois</u>	(State or Country)
Mother: name	<u>Mary Grace Ellett</u>	Birthplace	<u>Franklin Co., Missouri</u>	(State or Country)
AFFIDAVIT: I hereby declare upon oath that the above statements are true.				
Registrar's own signature	<i>Robert Edward Richie</i>	Address	<u>2273 N. Water Decatur, Illinois</u>	
Subscribed and sworn to before me on	<u>July 11th</u> 19 <u>63</u>	Notary Public	<u>B. A. HART, Notary Public</u>	
For State of	<u>Illinois</u>	County of	<u>Macoupin</u>	My Commission Expires <u>Feb. 23, 1965</u>

3

MISSOURI MADE IN THIS SPACE

Do Not Write Below This Line		ABSTRACT OF SUPPORTING EVIDENCE	Do Not Write Below This Line
NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED, AND DATE OF ISSUE)			Date Original Document Was Made
1	Census Record, U.S. Dept. of Com., Wash., D.C., St. Louis, Mo. Policy No. 3678196	Cincinnati, Ohio	Jan. 1, 1920
2	Application Record, Western & Southern Life Insurance Company,		Jan. 20, 1919
3	School Record, Laclade School, St. Louis, Missouri		Sept. 4, 1923
4	Supporting Affidavit of James E. Richie, brother, St. Louis, Mo.		July 8, 1963

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT:			
BIRTH DATE OR AGE	BIRTHPLACE	NAME OF FATHER	FULL NAME OF MOTHER
1 18/12 years	Missouri	Marvel J. Richie	Grace E. Richie
2 May 9, 1918	St. Louis, Missouri		
3 May 9, 1918	St. Louis, Missouri	Marvel J. Richie	
4 May 9, 1918	St. Louis, Missouri		

Additional Information _____

REVIEWER'S STATEMENT AND SIGNATURE
I hereby certify that I have reviewed the evidence submitted in support of the above affidavit and that the preceding abstract is taken from this evidence.

Lillian Schwartz
Vital Records

FILED in the Division of Health,
Jefferson City, Missouri, on
JUL 26 1963

CERTIFICATION OF VITAL RECORD

JERSEY COUNTY, ILLINOIS

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 42.0	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER 00-13	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST 1. ROBERT EDWARD RICHIE			SEX 2 Male
	DATE OF DEATH (MONTH, DAY, YEAR) 3 January 16, 2000			
A	COUNTY OF DEATH 4. Jersey		AGE-LAST BIRTHDAY (YRS) 5a. 81	DATE OF BIRTH (MONTH, DAY, YEAR) 5b. May 9, 1918
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Jerseyville		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Greenwood Manor Nursing Home	IF HOSP. OR INST. INDICATE D.O.A. OR EXEM. P.M. INPATIENT (SPECIFY) 6c. Inpatient
B	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 St. Louis, MO		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Edith L. Moxey
	SOCIAL SECURITY NUMBER 10. 500-18-0290		USUAL OCCUPATION 11a. Executive Vice President	KIND OF BUSINESS OR INDUSTRY 11b. Banking
C	RESIDENCE (STREET AND NUMBER) 13a. 908 East Carpenter		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Jerseyville	INSIDE CITY (YES/NO) 13c. Yes
	STATE 13e. Illinois		ZIP CODE 13f. 62052	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White
D	FATHER-NAME FIRST MIDDLE LAST 15. Marvel Johnson Richie		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Mary Grace Ellett	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO
	INFORMANT'S NAME (TYPE OR PRINT) 17a. Edith L. Richie		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c. 1245 S. Greenwood C303 Clearwater, Florida 33756
E	18. PART I. Enter the disease, or 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.			
	Immediate Cause (Final disease or condition resulting in death) (a) Sepsis DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive DUE TO, OR AS A CONSEQUENCE OF (c) Hypertension			
CAUSE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Stroke			
	DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.	
PARENTS	DID (OR DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 11/5/99		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes	
	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH 21c. 2:06 P. M.	
CERTIFIER	22a. SIGNATURE <i>[Signature]</i>		DATE SIGNED (MONTH, DAY, YEAR) 22b. 1-17-00	
	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Donald M. Murrin 200 Maple Summit Rd Jerseyville IL 62052		ILLINOIS LICENSE NUMBER 22d. 08007078	
DISPOSITION	23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) 23. [Blank]			
	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Cremation		CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24b. Godfrey Crematory 24c. Godfrey Illinois 24d. Jan. 18, 2000	
F	FUNERAL HOME 25a. Gubser Funeral Home		FUNERAL DIRECTOR'S SIGNATURE 25b. Larry D. Bowman	
	FUNERAL DIRECTOR'S SIGNATURE 25a. Gubser Funeral Home 108 N. Liberty Jerseyville Illinois 62052		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-014233	
G	LOCAL REGISTRAR'S SIGNATURE 26a. Linda J. Crotchett		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. Barbara Alexander January 18, 2000	
	VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1999 U.S. STANDARD CERTIFICATE)			

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

SEAL

CERTIFIED COPY OF VITAL RECORDS

STATE OF ILLINOIS)
COUNTY OF JERSEY) SS

DATE ISSUED

January 21, 2000

I, Linda J. Crotchett, Jersey County Clerk, do hereby certify that this document is a true and correct copy of the original record which is on file in the office of the County Clerk, Jersey County, Jerseyville, Illinois.

Linda J. Crotchett
LINDA J. CROTCHETT
COUNTY CLERK

Not valid without the embossed seal of Jersey County

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

