

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	UNDER 1 YEAR UNDER 1 DAY MOS. DAYS HOURS MIN 5b. 5c. 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
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
	STATE 13c. Illinois	ZIP CODE 13f. 62052	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) 14a. White
D	FATHER-NAME FIRST MIDDLE LAST 15. Marvel Johnson Richie		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Mary Grace Ellett
	INFORMANT'S NAME (TYPE OR PRINT) 17a. Edith L. Richie		RELATIONSHIP 17b. Wife
E	Mailing Address (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c. 1245 S. Greenwood C303 Clearwater, Florida 33756		
	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. (a) Sepsis DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive DUE TO, OR AS A CONSEQUENCE OF (c) Hypertension		
PARENTS	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Stroke		AUTOPSY (YES/NO) 19a. NO
	DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [] NO [X]
CAUSE	DID (OR DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 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. 22a. SIGNATURE [Signature]		HOUR OF DEATH 21c. 2:06 P. M.
N	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Donald Murrell 200 Maple Summit Rd Jerseyville IL 62052		DATE SIGNED (MONTH, DAY, YEAR) 22b. 1-17-00
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d. [Signature]		ILLINOIS LICENSE NUMBER 22d. 08090702
DISPOSITION	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Cremation		CEMETERY OR CREMATORY-NAME 24b. Godfrey Crematory
	LOCATION CITY OR TOWN STATE 24c. Godfrey Illinois		DATE (MONTH, DAY, YEAR) 24d. Jan. 18, 2000
CERTIFIER	FUNERAL HOME 25a. Gubser Funeral Home 108 N. Liberty Jerseyville Illinois 62052		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-014233
	FUNERAL DIRECTOR'S SIGNATURE 25b. Larry D. Bowman [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. Linda J. Crotchett by Barbara Alexander January 18, 2000
LOCAL REGISTRAR'S SIGNATURE			
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			

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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