CERTIFICATION OF DEATH RECORD

PEORIA CITY COUNTY HEALTH DEPARTMENT
PEORIA, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0015621 **DATE ISSUED** 03/01/2012

DECEDENT'S LEGAL NAME: ANDREW ENDSLEY MONTS		SEX: MALE	DATE OF DEATH: FEBRUARY 26, 2012
COUNTY OF DEATH: PEORIA	AGE AT LAST BIRTHDAY: 97 YEARS	DATE OF BIRTH: DECEMBER 21, 1914	
CITY OR TOWN: PEORIA	HOSPITAL OR OTHER INSTITUTION NAME: LUTHERAN HILLSIDE VILLAGE, INC		
PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY			
BIRTHPLACE: KENNEY, IL	SOCIAL SECURITY NUMBER: 334-10-1442	STATUS AT TIME OF DEATH: WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME: EVER IN U.S. ARMED FORCES? NO
RESIDENCE: 6901 NORTH GALENA RD	APT. NO.	CITY OR TOWN: PEORIA	INSIDE CITY LIMITS? YES
COUNTY: PEORIA	STATE: IL	ZIP CODE: 61614	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION: A J MONTS
MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION: MARY M MORSE			
INFORMANT'S NAME: ALLEN MONTS	RELATIONSHIP: SON	MAILING ADDRESS: 301 N 5TH ST BOX 117, DUNLAP, IL, 61525	
METHOD OF DISPOSITION: BURIAL	PLACE OF DISPOSITION: PARKVIEW CEMETERY	LOCATION - CITY OR TOWN AND STATE: PEORIA, IL	DATE OF DISPOSITION: MARCH 02, 2012
FUNERAL HOME: DAVISON-FULTON WOODLAND CHAPEL, 2021 N UNIVERSITY ST, PEORIA, IL, 61604			
FUNERAL DIRECTOR'S NAME: BRIAN R TRANCHITELLA		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034015256	
LOCAL REGISTRAR'S NAME: GREG CHANCE		DATE FILED WITH LOCAL REGISTRAR: MARCH 1, 2012	

CAUSE OF DEATH PART I. FAILURE TO THRIVE

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. _____ Due to (or as a consequence of):

b. ADVANCED DEMENTIA Due to (or as a consequence of):

c. _____ Due to (or as a consequence of):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: DAYS WEEKS / YEARS

PART II. Enter other ***significant conditions contributing to death*** but not resulting in the underlying cause given in PART I.

WAS AN AUTOPSY PERFORMED? NO

WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A

FEMALE PREGNANCY STATUS: NOT APPLICABLE

MANNER OF DEATH: NATURAL

DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?

LOCATION OF INJURY

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY:

ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED	TIME OF DEATH
YES	FEBRUARY 13, 2012	YES		06:25 PM

CERTIFIER: PHYSICIAN

DATE CERTIFIED: FEBRUARY 29, 2012

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: ISHANI SUJATHA ALI MD, 900 MAIN ST. SUITE 100, PEORIA, ILLINOIS, 61602

PHYSICIAN'S LICENSE NUMBER: 036111079

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Greg Chance, LEHP, MPH, CPHA
Peoria County Public Health Administrator
Peoria, Illinois

PEORIA COUNTY REGISTRAR VITAL RECORDS ILLINOIS

PEORIA COUNTY REGISTRAR VITAL RECORDS ILLINOIS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATE OF BIRTH NO.

REGISTRATION DISTRICT NO. 720

REGISTERED NUMBER 1976

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print In PERMANENT INK
See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

1. DECEASED–NAME: FIRST Marian; MIDDLE Louise; LAST Monts
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): October 30, 2006
4. COUNTY OF DEATH: Peoria
5a. AGE-LAST BIRTHDAY (YRS): 90
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): July 25, 1916
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Peoria
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 5004 N. Sherwood
6c. IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY):
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Petersburg, IL
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Andrew E. Monts
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): No
10. SOCIAL SECURITY NUMBER: 331-01-9472
11a. USUAL OCCUPATION: Clerk
11b. KIND OF BUSINESS OR INDUSTRY: Furniture
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 5004 N Sherwood
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Peoria
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: Peoria
13e. STATE: Illinois
13f. ZIP CODE: 61614
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): ☒ NO ☐ YES SPECIFY

PARENTS

15. FATHER–NAME: FIRST Clinton; MIDDLE; LAST Clark
16. MOTHER–NAME: FIRST Nina; MIDDLE; (MAIDEN) LAST Denton

17a. INFORMANT'S NAME (TYPE OR PRINT): Andrew E. Monts
17b. RELATIONSHIP: Husband
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 5004 N. Sherwood, Peoria, IL 61614

CAUSE

18. PART I. Enter the diseases, 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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)	(a) Cerebral vascular Accident.	1day
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	DUE TO, OR AS A CONSEQUENCE OF (b)	
	DUE TO, OR AS A CONSEQUENCE OF (c)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.: Previous CVA / Cerebral Bleed.

19a. AUTOPSY (YES/NO): No
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO):
20a. DATE OF OPERATION, IF ANY:
20b. MAJOR FINDINGS OF OPERATION:
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

CERTIFIER

21a. I (DID) (~~DID NOT~~) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: 7/31/6
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): Yes
21c. HOUR OF DEATH: 9:45 a.m.

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

22a. SIGNATURE ▶ [signature]
22b. DATE SIGNED (MONTH, DAY, YEAR): 11/1/6
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Dr Henry San German 6339 Big Hollow Rd Peoria, IL 61615
22d. ILLINOIS LICENSE NUMBER: 036-087567

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

23.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY–NAME	24c. LOCATION CITY OR TOWN	STATE	24d. DATE (MONTH, DAY, YEAR)
Burial	Parkview Cemetery	Peoria,	Illinois	November 3, 2006

25a. FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
Davison-Fulton Woodland Chapel	2021 North University Street	Peoria,	Illinois	61604

25b. FUNERAL DIRECTOR'S SIGNATURE ▶ [signature] Aaron J. Heffernan
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-015178

26a. LOCAL REGISTRAR'S SIGNATURE ▶ Andrea L. Parker, RN
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): November 2, 2006

VR200 (Rev. 5/89) Illinois Department of Public Health-Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

CERTIFIED COPY OF VITAL RECORDS

STATE OF ILLINOIS)
COUNTY OF PEORIA) SS

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED: NOV 0 2 2006

Andrea L. Parker, M.S., R.N.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE