DECEDENT'S BIRTH NO. 2438

REGISTRATION DISTRICT NO. 82.1

REGISTERED NUMBER 639

STATE OF ILLINOIS

Vol. M95 Page 17509
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 JOHN; MIDDLE A.; LAST WOODS JR.
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): MAY 7, 1993
4. COUNTY OF DEATH: ST. CLAIR
5a. AGE-LAST BIRTHDAY (YRS): 69
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN
5d. DATE OF BIRTH (MONTH, DAY, YEAR): JULY 14, 1923
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: SHILOH VALLEY TWP.
6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): SCOTT A.F.B. MEDICAL CENTER
6c. IF HOSP. OR INST. INDICATE D.O.A. (OP/EMER RM, INPATIENT (SPECIFY): INPATIENT
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): WEST FRANKFORT, IL
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): CHRISTINE LIVESAY
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): YES
10. SOCIAL SECURITY NUMBER: 349-14-3238
11a. USUAL OCCUPATION: COAL MINER
11b. KIND OF BUSINESS OR INDUSTRY: COAL
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12): 12; College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 611 NORTH GARDNER
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: WEST FRANKFORT
13c. INSIDE CITY (YES/NO): YES
13d. COUNTY: FRANKLIN
13e. STATE: ILLINOIS
13f. ZIP CODE: 62896
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.): [X] NO [ ] YES SPECIFY:

PARENTS

15. FATHER-NAME FIRST JOHN; MIDDLE; LAST WOODS SR.
16. MOTHER-NAME FIRST JOSEPHINE; MIDDLE; (MAIDEN) LAST KRITES

17a. INFORMANT'S NAME (TYPE OR PRINT): CHRISTINE WOODS
17b. RELATIONSHIP: WIFE
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 611 N. GARDNER, W. FRANKFORT, ILL. 62896

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.

Immediate Cause (Final disease or condition resulting in death): (a) CARDIOPULMONARY ARREST — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF (b) HEART FAILURE — 5 YEARS
DUE TO, OR AS A CONSEQUENCE OF (c) END STAGE RENAL DISEASE

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

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 AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): MAY 7, 1993
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO
21c. HOUR OF DEATH: 5:10 P. M.

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

22a. SIGNATURE: David Parker MD
22b. DATE SIGNED (MONTH, DAY, YEAR): MAY 7, 1993
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): DAVID PARKER, SCOTT A.F.B. MED. CENTER, SCOTT A.F.B., ILL.
22d. ILLINOIS LICENSE NUMBER: A.F. PHYSICIAN
23. 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

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b. CEMETERY OR CREMATORY-NAME: TOWER HEIGHTS CEM.
24c. LOCATION CITY OR TOWN, STATE: W. FRANKFORT, ILL.
24d. DATE (MONTH, DAY, YEAR): MAY 10, 1993

25a. FUNERAL HOME NAME: UNION FUNERAL HOME, STREET AND NUMBER OR R.F.D.: 213 E. OAK, CITY OR TOWN, STATE, ZIP: WEST FRANKFORT, ILLINOIS 62896

25b. FUNERAL DIRECTOR'S SIGNATURE: David E. Kadden
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 10550
26a. LOCAL REGISTRAR'S SIGNATURE: Lois E. Hocks
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): May 11, 1993

VH200 (Rev. 5/90) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

07-06-95A10:30 RCVD

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the ... Item 1 and that this record was established and filed in my ... with the provisions of the Illinois statutes relating to ...

DATE JUL 15 1993

OFFICIAL ... REGISTRAR AT BELLEVILLE, ILLINOIS

Lois E. Hocks

BY DEPUTY Shirley Muskopf

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Harry Ikner the 6th day of July A.D., 19 95 at 10:30 o'clock A M., and duly recorded in Vol. M95, of Deeds on Page 17509.

FEE $10.00

Return: Harry Ikner
129 Sycamore St.
Columbus, Ga 31906

Bernetha G. Letsch County Clerk
By Lynette Hentzy