

I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the death record for the decedent named in ITEM 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, deaths and fetal deaths.

CHAMPAIGN, ILLINOIS
 Frank "Demmonds" Add. # 34-7-5
 2.5 Bl 2
 DATE September 29, 1987
 SIGNED *[Signature]*
 OFFICIAL TITLE-LOCAL REGISTRAR

946584

STATE OF ILLINOIS

STATE FILE NUMBER

Norma Sims
2638-162nd St.
Amnd. 46323

CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 10.0	REGISTERED NUMBER 913	
DECEASED - NAME		
1. Roy H. Sims	SEX Male	DATE OF DEATH 3 Sept. 23, 1987
2. RACE - WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) 4a. White	3. (ORIGIN OR DESCENT) American	4. AGE - LAST BIRTHDAY (YRS) 5a. 66
5b. MONTHS	5c. UNDER 1 YEAR UNDER 1 DAY	6. DATE OF BIRTH (MO., DAY, YEAR) July 10, 1921
7b. Champaign	7c. Hospital OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Burnham Hospital	7d. IF HOSP. OR INST. INDICATE DOA, OP, EMER, RM INPATIENT (SPECIFY) 7d. Emer. Rm.
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) Illinois	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Norma Watson	12. SOCIAL SECURITY NUMBER 1229-14-0512	13. USUAL OCCUPATION 13a. Welder
13b. KIND OF BUSINESS OR INDUSTRY Industrial	13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) Yes	13d. WAR OR DATES OF SERVICE WW II
14a. RESIDENCE STREET AND NUMBER RR	14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Camargo	14c. INSIDE CITY (YES/NO) Yes
14d. COUNTY Douglas	14e. STATE Illinois	
15. FATHER - NAME James R. Sims		16. MOTHER - MAIDEN NAME Rachel Hite
17a. INFORMANT'S NAME (TYPE OR PRINT) Norma Sims	17b. RELATIONSHIP Wife	17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE ZIP) RR Camargo, Illinois 61919
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		
(a) Cardiorespiratory Arrest		minutes
(b) Acute Myocardial Infarction		minutes
(c) Cancer/Bowel		months
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		19a. AUTOPSY (YES/NO) No
19b. IF YLS WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
20a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR M. 20d.
20e. INJURY AT WORK (YES/NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY)	20g. LOCATION (CITY, VIL. OR TOWN, OR TWP. OR NO. DIST. NO., COUNTY, STATE)
20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT	21b. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR Sept. 23, 1987	21c. AT 5:13 P. M.
22a. CORONER'S SIGNATURE <i>T. I. Henderson</i>	22b. DATE SIGNED (MONTH, DAY, YEAR) Sept. 25, 1987	22c. CORONER'S PHYSICIAN'S SIGNATURE
23a. CORONER'S PHYSICIAN'S SIGNATURE	23b. DATE SIGNED (MONTH, DAY, YEAR)	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24b. CEMETERY OR CREMATORY - NAME Hammett	24c. LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) RR Villa Grove, IL. 24 Sept. 26, 1987
25a. FUNERAL HOME NAME Joines Funeral Home Box 34	25b. CITY OR TOWN STATE ZIP Villa Grove Illinois 61956	
25b. FUNERAL DIRECTOR'S SIGNATURE <i>Robert D. Foxrest</i>	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 8443	
26a. LOCAL REGISTRAR'S SIGNATURE <i>Gale A. Felling</i>	26b. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) September 25, 1987	

Nov 2 8 48 AM '87

1987 09 10 09

JUAN BLASTOCK
 NO. RECORDED
 FILED FOR RECORD
 COUNTY CLERK
 CHAMPAIGN COUNTY ILLINOIS

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