

Certified Copy of a Death Record

094949

- Hold Margaret
Kydal -

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO.
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

CORONER'S CERTIFICATE OF DEATH

Type of Print
PERMANENT INK
See A Manual for
Coroners and
Funeral Directors
Handbook for
INSTRUCTIONS

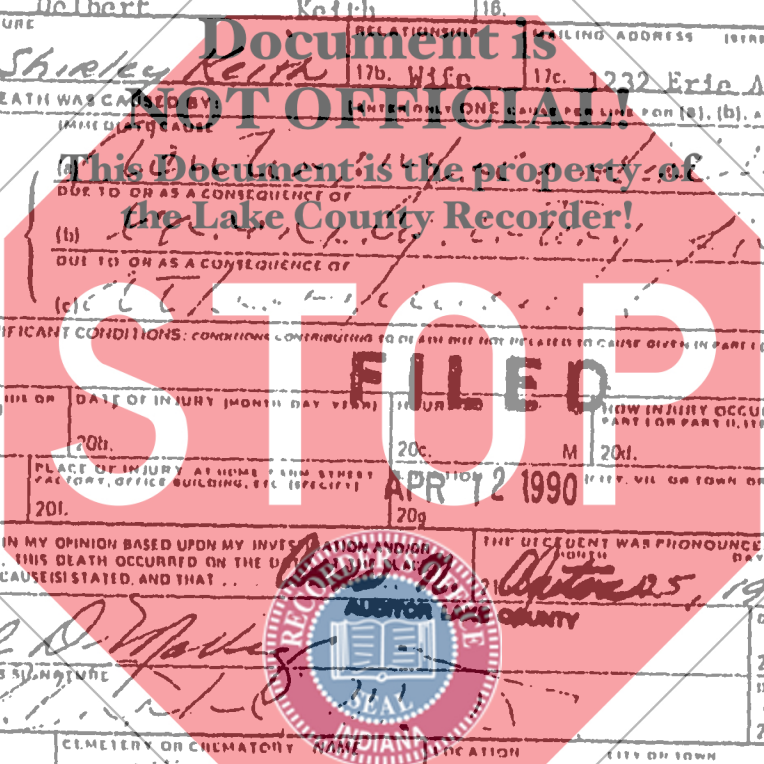
1. DECEASED NAME FIRST MIDDLE LAST Arthur H. Keith		2. SEX Male	3. DATE OF DEATH (MONTH DAY YEAR) June 25, 1982
4a. RACE White	4b. AMER. ORIGIN OR DESCENT AMER.	5a. AGE 47	5b. UNDER 1 YEAR 5c. UNDER 1 DAY
6. DATE OF BIRTH (MO. DAY YEAR) 3-12-1935		7a. COUNTY OF DEATH White	
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Carmi		7c. HOSPITAL OR OTHER INSTITUTION Carmi Township Hospital	
7d. E. R.		7e. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
8. MICHIGAN STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	9. USA CITIZEN OF WHAT COUNTRY	10. Married MARRIED NEVER MARRIED, WIDOWED DIVORCED (SPECIFY)	11. Shirley Keith NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
12. 317 32 7507 SOCIAL SECURITY NUMBER	13a. Buyer USUAL OCCUPATION	13b. Wholesale KIND OF BUSINESS OR INDUSTRY	13c. No U.S. WAR VETERAN (YES/NO)
13d. War or Dates of Service		14a. 1232 Erie Ave. RESIDENCE STREET AND NUMBER	
14b. Evansville CITY TOWN TWP. OR ROAD DISTRICT NO.		14c. yes INSIDE CITY (YES/NO)	14d. Vanderburgh COUNTY
14e. Indiana STATE		15. Dolbert Keith INFORMANT'S SIGNATURE	
16. Helen Crossland RELATIONSHIP		17. Mrs. Shirley Keith MAILING ADDRESS (STREET AND NO. OR R.F.D. OR TOWN, STATE, ZIP)	
17c. 1232 Erie Ave. Evansville, In 47715		18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	

DECEASED

PARENTS

15. Dolbert Keith INFORMANT'S SIGNATURE		16. Helen Crossland RELATIONSHIP	
17. Mrs. Shirley Keith MAILING ADDRESS (STREET AND NO. OR R.F.D. OR TOWN, STATE, ZIP)		17c. 1232 Erie Ave. Evansville, In 47715	

18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		19. AUTOPSY (YES/NO)	
PART I. IMMEDIATE CAUSE		19a. YES	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (BY STATING THE UNDERLYING CAUSE LAST)		19b. YES	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH (SEE INSTRUCTIONS TO CORONER)		20. INJURY AT WORK (YES/NO)	
20a. INJURY AT WORK (YES/NO)		20b. DATE OF INJURY (MONTH DAY YEAR)	
20c. PLACE OF INJURY AT HOME (STREET AND NO. OR FACTORY, OFFICE BUILDING, ETC. (SPECIFY))		20d. HOW INJURY OCCURRED (PART I OR PART II, ITEM 18)	
20e. CITY, TOWN, TWP. OR ROAD DIST. NO., COUNTY, STATE		20f. M	



CAUSE

CERTIFIER

21. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND THE INQUIRY, THIS DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED, AND THAT...		21c. 6-19 M DATE SIGNED (MONTH DAY YEAR)	
22a. Coroner's Signature		22b. June 28, 1982 DATE SIGNED (MONTH DAY YEAR)	
23a. Coroner's Physician's Signature		23b. Co. 26-5-7 DATE SIGNED (MONTH DAY YEAR)	

DISPOSITION

24a. Burial FUNERAL HOME		24b. Forest Lawn Cemetery STREET AND NUMBER OR R.F.D.	
24c. Saginaw Michigan CITY OR TOWN STATE		24d. 6-29-82 DATE (MONTH DAY YEAR)	
25a. Alexander East Chapel 2115 Lincoln Ave. Evansville, Indiana 47712 FUNERAL DIRECTOR'S SIGNATURE		25c. 6037 DATE REC'D BY LOCAL REGISTRAR (MONTH DAY YEAR)	
25b. Local Registrar's Signature		26b. June 28, 1982 DATE REC'D BY LOCAL REGISTRAR (MONTH DAY YEAR)	

Southbrook St 205
#15-4979-10

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Statistics Act.

DATE June 28, 1982 SIGNED Allen Kelly
AT Carmi, Illinois. OFFICIAL TITLE Deputy Registrar