

CERTIFICATION OF VITAL RECORD

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JO DAVIESS COUNTY, ILLINOIS

E2 NE Sec 34 T34 R8 and Pat W of Hwy Sec 35 T34 R8 74.212AC taxable

REGISTRATION DISTRICT NO 43.0A REGISTERED NUMBER:

STATE OF ILLINOIS Key#5-58-5; unit#D4

STATE FILE NUMBER 6.859AC non-trad

MEDICAL CERTIFICATE OF DEATH

1989

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR) 1. Raymond M. Lindemer Male 3 March 28, 1989

COUNTY OF DEATH 4. Jo Daviess AGE - LAST BIRTHDAY (MM/SS) 5a 04 UNDER 1 YEAR MONTH DAY 5b 5c UNDER 1 DAY HOURS MIN 5c DATE OF BIRTH (MONTH DAY YEAR) 5 August 22, 1904

CITY/TOWN/TWP OR ROAD/DISTRICT NUMBER 6a Galena Twp HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b Galena-Stauss Hospital IF HOSP OR INST INDICATED DOA OF EMER RM INPATIENT (SPECIFY) 6c Emer Rm.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Lowell Ind. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Married NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b Helen Eilerman WITHIN CEASED DEATH PERIOD (YES/NO) 8c No

SOCIAL SECURITY NUMBER 10333-09-0450 USUAL OCCUPATION 11a Engineer KIND OF BUSINESS OR INDUSTRY 11b Commonwealth EDUCATION (SPECIFY ONE) HIGHEST GRADE COMPLETED (Elementary Secondary (0-12) College (14-16) Other) 12. 1 1

RESIDENCE (STREET AND NUMBER) 13a 1155 Stagecoach Trail CITY/TOWN OR ROAD/DISTRICT NUMBER 13b Galena Twp INSIDE CITY (YES/NO) 13c No COUNTY 13d Jo Daviess

STATE 13e Illinois ZIP CODE 13f 61036 RACE (WHITE, BLACK, AMERICAN INDIAN, OR HISpanic ORIGIN) 14a White OF HISPANIC ORIGIN? 14b NO SPECIFY: 14c

FATHER'S NAME FIRST MIDDLE LAST 15. John Lindemer MOTHER'S NAME FIRST MIDDLE LAST 16. Lena Miller

INFORMANT'S NAME (TYPE OR PRINT); 17a Helen Lindemer RELATIONSHIP 17b Wife MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c 61035 4155 Stagecoach Tr. Galena, Ill.

18. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying... (a) Acute Myocardial Infarction (b) Coronary Artery Disease (c) Hypertension; Diabetes Mellitus

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 20a DATE OF OPERATION, IF ANY 20b MAJOR FINDINGS OF OPERATION 20c IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20d YES NO

21a (I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 3-15-89 21b WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes 21c HOUR OF DEATH 6:14 P.M.

22a SIGNATURE 22b DATE SIGNED 3-29-89 22c NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) David R. Smith, M.D. 219 Summit; Galena, IL 61036-1699 22d ILLINOIS LICENSE NUMBER 36-60645

23. BURIAL CREMATION, REMOVAL (SPECIFY) 24a Burial CEMETERY OR CREMATORY-NAME 24b Lake Prairie Cem. LOCATION CITY OR TOWN STATE 24c Lowell, Indiana DATE (MONTH DAY YEAR) 24d 4/1/89

25a FUNERAL HOME NAME SHEETS FUNERAL HOME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 604 E. Commercial, Lowell, Indiana 46356

25b FUNERAL DIRECTOR'S SIGNATURE Green D. Steinhilber as agent for 25c FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 6851

26a LOCAL REGISTRAR'S SIGNATURE CERTIFIED COPY OF VITAL RECORDS by Barbara Burroughs 26b DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 03/29/89

26c COUNTY OF JO DAVIESS DATE ISSUED

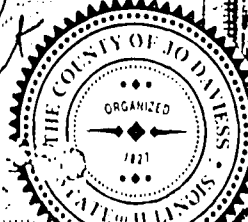
I, Pam Miller, Jo Daviess County Clerk, do hereby certify that this document is a true and correct copy of the original record which is on file in the office of the County Clerk, Jo Daviess County, Galena, Illinois.

01046

Pam Miller COUNTY CLERK

Not valid without the embossed seal of Jo Daviess County

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



INDIANA DIVISION OF TITLE INSURANCE COMPANY

