

LTIC 60016

CERTIFIED COPY OF A DEATH CERTIFICATE

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 96.0  
REGISTERED NUMBER 71

STATE OF ILLINOIS  
MEDICAL EXAMINER'S - CORONER'S  
CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

A. DECEASED  
B.  
C.  
D.  
E.

PARENTS

CAUSE

N.  
P.  
H.G.  
RIF.  
UNK.

CERTIFIER

DISPOSITION

DECEASED- NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. JAMES		C.		RUSSELL	Male	3 May 16, 1995		
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Wayne County		5a. 76	5b.	5c.	5d.		August 29, 1918	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		
6a. Bedford Twp.		6b. Rt 45N, 2 mile N. of Cisne, Il				6c. NO		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
7. Harrisburg, Ill		8a. Widowed		8b.		9. NO		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
10. 359-30-3944		11a. Driver		11b. Manufacturing		12. 9		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY		
13a. 2604 Montgomery St.		13b. Lake Station		13c. Yes		13d. Lake		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. IN		13f. 46405-	13g. White		13h. NO			
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - NAME		FIRST MIDDLE LAST (MAIDEN) LAST	
15. George		Milo		Russell	16. Sarah		Elizabeth Reed	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. James Craig Russell		17b. SON		17c. Federal Way, Wash. 28003				
18. PART I		Enter the disease, or conditions 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) High Cervical Spine Fracture Dislocation					Immed.	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		(b) Blunt impact trauma to head, chest, neck, abdomen, legs.						
PART II		Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 10)	20c. 5+02P M. 20d. on collision			
20a. Accident		20b. May 16, 1995		20c. 5+02P M. 20d. on collision			20e. YES/NO	
INJURY AT WORK (YES/NO)		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)		LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE)		IF FEMALE, DATE OF A PREGNANCY MUST BE PREVIOUS TO 20h. YES/NO		
20e. No		20f. Highway 45		20g. North of Cisne, Illinois		20h. YES/NO		
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:		THE DECEDENT WAS PRONOUNCED DEAD ON		DATE (MONTH, DAY, YEAR)		AT (MONTH, DAY, YEAR) M.		
21a.		21b. May		16 1995		21c. 00 00 M.		
CORONER'S - MEDICAL EXAMINER'S SIGNATURE		CORONER'S PHYSICIAN'S SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		DATE SIGNED (MONTH, DAY, YEAR)		
22a. [Signature]		22b. [Signature]		22c. June 22, 1995		22d. [Signature]		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION - CITY OR TOWN		STATE DATE (MONTH, DAY, YEAR)		
23a. Burial		23b. Cisne Cemetery		23c. Cisne, IL		23d. 05/21/95		
FUNERAL HOME - NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE ZIP		
24a. Hosseton Funeral Home P.O. Box 418 Cisne, Il 62801		24b.		24c. CISNE, IL		24d. 62801		
FUNERAL DIRECTOR'S SIGNATURE		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER		
25a. [Signature]		25b. [Signature]		25c. June 23, 1995		25d. 34-011845		



FILED

SAMORLICH  
AUDITOR LAKE COUNTY

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 Records Act.

DATE June 23, 1995 SIGNED Anna Lee Doty  
AT Fairfield Illinois OFFICIAL TITLE Local Registrar 000047

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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