

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the DEATH RECORD FOR THE decedent named 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, fetal deaths and deaths.

DATE May 29, 2007 SIGNED Mark P. Henrichs  
 AT WATSEKA, ILLINOIS COUNTY CLERK (OFFICIAL TITLE)

STATE OF ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER  
 May # 19 4-1-29

1. DECEASED - NAME	Ruth		MIDDLE	C		LAST	Jones		SEX	2 Female		DATE OF DEATH	(MONTH, DAY, YEAR)		3 May 26, 2007								
2. COUNTY OF DEATH	Iroquois		AGE - LAST BIRTHDAY (YRS)	5a 86	UNDER 1 YEAR	UNDER 1 DAY	UNDER 1 HOUR	UNDER 1 MIN	DATE OF BIRTH	(MONTH, DAY, YEAR)		4. CITY, TOWN, TWP. OR ROAD DISTRICT AND NUMBER	5a Iroquois		5b 20070104212	5c HOSPITAL PROTHOR INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	5d Iroquois Mem. Resident Home		5e IF HOSP. OR INST. INDICATE D.O.A. OPERM. RM. INPATIENT (SPECIFY)	6c Inpatient			
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	Watsseka, IN		7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	Lowell, IN		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8b. WIDOWED		8c. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	8d. NAME OF BUSINESS OR INDUSTRY		11a. SECRETARY	11b. KIND OF BUSINESS OR INDUSTRY	11c. CLERICAL		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	12a. Elementary/Secondary (0-12)		12b. College (1-4 or 5+)	12c. 1			
10. RESIDENCE (STREET AND NUMBER)	329-16-8443		11a. RESIDENCE (STREET AND NUMBER)	200 Fairman Ave.		13a. STATE	13b. ILLINOIS		13c. ZIP CODE	13d. 60970		13e. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	13f. White		13g. HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	13h. YES		13i. INSIDE CITY (YES/NO)	13j. YES		13k. COUNTY	13l. Iroquois	
13a. FATHER - NAME	Wellington A.		13b. MOTHER - NAME	Clark III		14a. FATHER - NAME	Mary Walz		14b. MOTHER - NAME	Illa		14c. RELATIONSHIP	14d. Daughter		14e. MAINTENANCE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	14f. 819 W. Lafayette St. Apt. 48		14g. CITY OR TOWN	14h. Watsseka		14i. STATE	14j. IL	
15. PART I	Immediate Cause (Final disease or condition resulting in death)		18. Enter the diseases, or complications that caused the death, shock, or heart failure (List only one cause on each line)		19. Enter the conditions, if any, which give rise to immediate cause (a) stating the underlying cause last.		20. Enter the diseases, or complications that caused the death, shock, or heart failure (List only one cause on each line)		21. Enter the conditions, if any, which give rise to immediate cause (a) stating the underlying cause last.		22. Enter the diseases, or complications that caused the death, shock, or heart failure (List only one cause on each line)		23. Enter the conditions, if any, which give rise to immediate cause (a) stating the underlying cause last.		24. Enter the diseases, or complications that caused the death, shock, or heart failure (List only one cause on each line)		25. Enter the conditions, if any, which give rise to immediate cause (a) stating the underlying cause last.		26. Enter the diseases, or complications that caused the death, shock, or heart failure (List only one cause on each line)		27. Enter the conditions, if any, which give rise to immediate cause (a) stating the underlying cause last.		
18. PART II	Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		19. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		20. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		21. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		22. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		23. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		24. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		25. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		26. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		27. 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. DATE OF OPERATION, IF ANY		20d. MAJOR FINDINGS OF OPERATION		20e. DATE OF OPERATION, IF ANY		20f. MAJOR FINDINGS OF OPERATION		20g. DATE OF OPERATION, IF ANY		20h. MAJOR FINDINGS OF OPERATION		20i. DATE OF OPERATION, IF ANY		20j. MAJOR FINDINGS OF OPERATION		20k. DATE OF OPERATION, IF ANY		20l. MAJOR FINDINGS OF OPERATION		
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	21b. I WAS PERSONALLY OR MEDICALLY EXAMINED AND NOTIFIED (YES/NO)		21c. HOUR OF DEATH		21d. DATE SIGNED		21e. ILLINOIS LICENSE NUMBER		21f. ILLINOIS LICENSE NUMBER		21g. ILLINOIS LICENSE NUMBER		21h. ILLINOIS LICENSE NUMBER		21i. ILLINOIS LICENSE NUMBER		21j. ILLINOIS LICENSE NUMBER		21k. ILLINOIS LICENSE NUMBER		21l. ILLINOIS LICENSE NUMBER		
22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22a. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22b. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22d. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22e. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22f. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22g. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22h. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22i. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22j. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)				
23. BURIAL, CREMATION REMOVAL (SPECIFY)	23a. FUNERAL HOME		23b. FUNERAL HOME		23c. FUNERAL HOME		23d. FUNERAL HOME		23e. FUNERAL HOME		23f. FUNERAL HOME		23g. FUNERAL HOME		23h. FUNERAL HOME		23i. FUNERAL HOME		23j. FUNERAL HOME				
24. LOCAL REGISTRAR'S SIGNATURE	24a. LOCAL REGISTRAR'S SIGNATURE		24b. LOCAL REGISTRAR'S SIGNATURE		24c. LOCAL REGISTRAR'S SIGNATURE		24d. LOCAL REGISTRAR'S SIGNATURE		24e. LOCAL REGISTRAR'S SIGNATURE		24f. LOCAL REGISTRAR'S SIGNATURE		24g. LOCAL REGISTRAR'S SIGNATURE		24h. LOCAL REGISTRAR'S SIGNATURE		24i. LOCAL REGISTRAR'S SIGNATURE		24j. LOCAL REGISTRAR'S SIGNATURE				
25. DATE FILLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	25a. DATE FILLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		25b. DATE FILLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		25c. DATE FILLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		25d. DATE FILLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		25e. DATE FILLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		25f. DATE FILLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		25g. DATE FILLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		25h. DATE FILLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		25i. DATE FILLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		25j. DATE FILLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				



FILED  
 MAY 31 2007

25a. Baier Funeral Home 102 W. Oak St. Watsseka, IL 60970-  
 25b. Baier Funeral Home 102 W. Oak St. Watsseka, IL 60970-  
 25c. Baier Funeral Home 102 W. Oak St. Watsseka, IL 60970-  
 25d. Baier Funeral Home 102 W. Oak St. Watsseka, IL 60970-  
 25e. Baier Funeral Home 102 W. Oak St. Watsseka, IL 60970-  
 25f. Baier Funeral Home 102 W. Oak St. Watsseka, IL 60970-  
 25g. Baier Funeral Home 102 W. Oak St. Watsseka, IL 60970-  
 25h. Baier Funeral Home 102 W. Oak St. Watsseka, IL 60970-  
 25i. Baier Funeral Home 102 W. Oak St. Watsseka, IL 60970-  
 25j. Baier Funeral Home 102 W. Oak St. Watsseka, IL 60970-