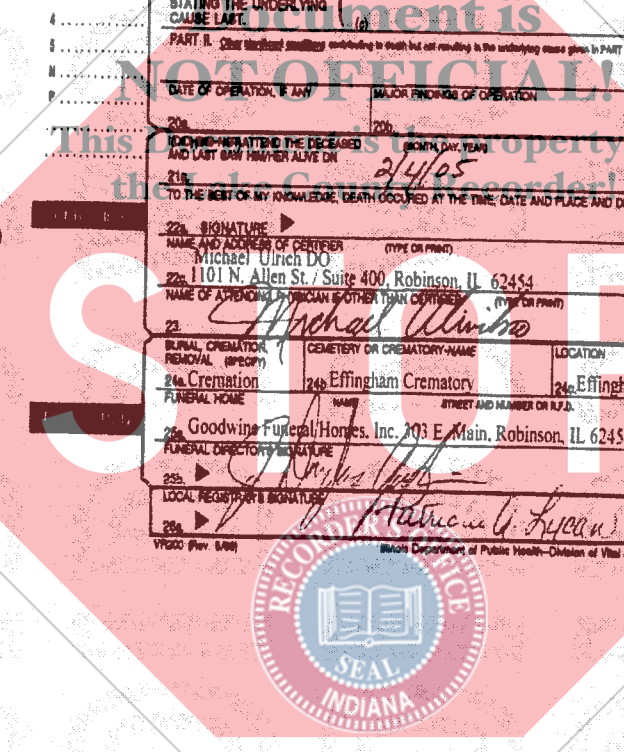


CRAWFORD COUNTY, ILLINOIS

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 17	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER 2005-016		MEDICAL CERTIFICATE OF DEATH	
Type of Print in Parentheses Not to be Filled in by Hospital, or Physician		Type of Print in Parentheses Not to be Filled in by Hospital, or Physician	
1. DECEASED NAME: FIRST Frank , MIDDLE Benson , LAST Hubbard Jr.		SEX: Male DATE OF DEATH (MONTH, DAY, YEAR) February 4, 2005	
2. COUNTY OF DEATH: Crawford		AGE - LAST BIRTHDAY (YEAR, MONTH, DAY) 90	
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Robinson		DATE OF BIRTH (MONTH, DAY, YEAR) October 21, 1914	
4. HOSPITAL OR OTHER INSTITUTION: NAME IF NOT IN EITHER, ONE STREET AND NUMBER: Cottilion Ridge Nursing Home		IF HOSP. OR INST. INDICATE B.G.A. (PATIENT) OR PATIENT (SPECIFY) Inpatient	
5. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago IL		NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE): LaVerne Bloomberg	
6. SOCIAL SECURITY NUMBER: [REDACTED]		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
7. USUAL OCCUPATION: Supervisor		KIND OF BUSINESS OR INDUSTRY: Steel Industry	
8. RESIDENCE (STREET AND NUMBER): 1707 Johnson		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): College (1-4 or 5)	
9. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Robinson		INSIDE CITY (YEARS) Yes	
10. STATE: IL		COUNTY: Crawford	
11. ZIP CODE: 62454		FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White	
12. FATHER NAME: FIRST Frank , MIDDLE Benson , LAST Hubbard		MOTHER NAME: FIRST Theresa , MIDDLE -Mauida , LAST Buerck	
13. MARRIAGE RECORD (MARRIAGE NO. OR YEAR OF YEAR SPECIFY) None		OF HISPANIC ORIGIN? (SPECIFY) No	
14. INFORMANT'S NAME (TYPE OR PRINT): LaVerne B. Hubbard		MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 1707 Johnson, Robinson, IL 62454	
15. 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 PERIOD BETWEEN ONSET AND DEATH:	
16. IMMEDIATE CAUSE (Final disease or condition resulting in death): Encephalopathy		3 months	
17. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:		12 days	
18. PART II: Other clinical findings contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY PERFORMED? No	
19. DATE OF OPERATION, IF ANY:		WAS ALPHEA PROGRAM AVAILABLE FROM TO COMPLETION OF CAUSE OF DEATH REPORT? No	
20. MAJOR FINDINGS OF OPERATION:		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? No	
21. WHO FIRST NOTICED THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 2/4/05		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No	
22. SIGNATURE: Michael Ulrich DO		HOUR OF DEATH: 11:05 PM	
23. NAME AND ADDRESS OF CERTIFIER: 1101 N. Allen St. / Suite 400, Robinson, IL 62454		DATE SIGNED (MONTH, DAY, YEAR): 2-7-2005	
24. NAME OF APPOINTING AUTHORITY (OTHER THAN CERTIFIER): Michael Ulrich		ILLINOIS LICENSE NUMBER: 036-112225	
25. RITUAL, CREMATION, REMOVAL (SPECIFY): Cremation		HOWEVER AN BURIAL WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
26. CEMETERY OR CREMATORY NAME: Effingham Crematory		LOCATION: Effingham IL	
27. FUNERAL HOME: Goodwin Funeral Homes, Inc. 203 E. Main, Robinson, IL 62454		DATE (MONTH, DAY, YEAR): Feb 14, 2005	
28. LOCAL REGISTRAR'S SIGNATURE: Patricia A. Lyman		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-012179	
29. DATE FILED BY LOCAL REGISTRAR: 2/17/2005		DATE FILED BY LOCAL REGISTRAR: 2/17/2005	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF ILLINOIS)
 COUNTY OF CRAWFORD) SS

MAY 09 2008

DATE ISSUED

I 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, Crawford County, Robinson, Illinois.

Not valid without the embossed seal of Crawford County

Patricia A. Lyman
 COUNTY CLERK



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE