

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOTE: Local Registrars must make on this form a complete and accurate copy of the Original Certificate, and forward this copy to County Clerk on 10th day of each month. Omissions or abbreviations must not be made. Local Registrars must not leave this form to Undertakers, Physicians or others, but must use it only for preparing County Clerk's (or Local Registrar's) Copies. (2084-50M-11-25)

1 PLACE OF DEATH County of <u>Macon</u> <u>Waverly</u> *Township *Road Dist. *Village *City Primary Dist. No. <u>3426</u>		Registration Dist. No. <u>578</u>	Department of Public Health—Division of Vital Statistics STANDARD CERTIFICATE OF DEATH Registered No. <u>268</u> (Consecutive No.)	CLERK'S RECORD
2 FULL NAME <u>Katherine Marie Rhodes</u> (If death occurred in hospital or institution, give its name instead of street and number)		Street and Number, No. _____ St. _____ Ward, _____ Hospital, _____ (If non-resident give city or town and State)		
(a) Residence No. <u>1718 N. Guler</u> (Usual place of abode)		St. _____ Ward, _____ (If non-resident give city or town and State)		
Length of residence in city or town where death occurred yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Single</u>	16 DATE OF DEATH <u>Apr 21</u> , 19 <u>76</u> (Month) (Day) (Year)	
6a If married, widowed or divorced HUSBAND of (or) WIFE of _____		17 I HEREBY CERTIFY, That I attended deceased from <u>Apr 13</u> , 19 <u>76</u> to <u>Apr 21</u> , 19 <u>76</u> that I last saw him alive on <u>Apr 21</u> , 19 <u>76</u> and that death occurred, on the date stated above, at <u>6:30</u> p.m. The CAUSE OF DEATH* was as follows: <u>Stopping cough</u> (Duration) _____ yrs. _____ mos. _____ ds.		
6 DATE OF BIRTH <u>Sep 9</u> , 19 <u>25</u> (Month) (Day) (Year)		CONTRIBUTORY (Secondary) <u>Concomitant</u> (Duration) _____ yrs. _____ mos. _____ ds.		
7 AGE Years Months Days	If LESS than 1 day _____ hrs. OR _____ min.		18 { Where was disease contracted, if not at place of death? _____ Was an operation performed? <u>No</u> Date of _____ For what disease or injury? _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? _____ (Signed) <u>E. Marie Hood</u> M. D. Address <u>Waverly</u> Date <u>Apr 27</u> , 19 <u>76</u> Telephone <u>573</u>	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		*N. B. State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act.		
9 BIRTHPLACE (city or town) <u>Waverly</u> (State or Country) <u>Ill</u>		19 PLACE OF BURIAL OR REMOVAL <u>Waverly</u> 21 DATE OF BURIAL <u>Apr 23</u> , 19 <u>76</u>		
10 NAME OF FATHER <u>Tom Rhodes</u>		20 UNDERTAKER <u>Dean A. Nixon</u> ADDRESS <u>Waverly</u>		
11 BIRTHPLACE OF FATHER (city or town) <u>Effingham</u> (State or Country) <u>Ill</u>		(Personal signature with pen and ink) _____ (firm name, if any)		
12 MAIDEN NAME OF MOTHER <u>Jessie Hughes</u>				
13 BIRTHPLACE OF MOTHER (city or town) <u>Effingham</u> (State or Country) <u>Ill</u>				
14 INFORMANT <u>Mrs. Ann Rhodes</u> (personal signature with pen and ink) P. O. Address <u>Waverly</u>				
15 Filled <u>Apr 27</u> , 19 <u>76</u> <u>Jessie Hoover</u> Registrar. P. O. Address <u>Waverly</u>				

V.S. 5

STATE OF ILLINOIS)
COUNTY OF MACON)

I, WILLIAM M. TANGNEY, COUNTY CLERK within and for said County and State aforesaid and keeper of the records hereby certify that this is a true photo copy of the record on file in this office. IN TESTIMONY THEREOF I have hereunto subscribed my name, affixed the OFFICIAL SEAL OF SAID COUNTY, at my office in DECATUR, ILLINOIS this 24 day of JULY, A.D., 1990.

NOT VALID UNLESS SEAL OF COUNTY AFFIXED.

William M. Tangney
MACON COUNTY CLERK