

CERTIFICATION OF VITAL RECORD

KANE COUNTY, ILLINOIS

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

PERMANENT CERTIFICATE
TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 45.0
REGISTERED NUMBER

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

DECEASED

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
7 Indianapolis, In

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. DECEASED-NAME FIRST MIDDLE LAST: Roland H. Grayson
SEX: 2 Male
DATE OF DEATH (MONTH, DAY, YEAR): 3. May 21, 1989

4. COUNTY OF DEATH: Kane
AGE-LAST BIRTHDAY (YRS): 5a. 86
UNDER 1 YEAR: 5b. MOS. DAYS
UNDER 1 DAY: 5c. HOURS MIN.
DATE OF BIRTH (MONTH, DAY, YEAR): 5d. May 15, 1903

6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Geneva
6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Delnor Community Hospital
IF HOSP. OR INST. INDICATE D.O.A. OF EMER. RM. INPATIENT (SPECIFY): 6c. Emergency Room

8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): None
9. WAS DECEASED EVER IN ARMED FORCES? (YES/NO): No

10. SOCIAL SECURITY NUMBER: 346-09-7343
11a. USUAL OCCUPATION: Owner & Opr
11b. KIND OF BUSINESS OR INDUSTRY: Antiques
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 8
Elementary, Secondary (0-12) College (1-4 or 5+)

13a. RESIDENCE (STREET AND NUMBER): 124 S. 13th St.
13b. CITY, TOWN, OR ROAD DISTRICT NO.: St. Charles
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: Kane

13e. STATE: Illinois
13f. ZIP CODE: 60174
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN): NO

15. FATHER-NAME FIRST MIDDLE LAST: Howard Grayson
16. MOTHER-NAME FIRST MIDDLE LAST: Una Mae Tasker

17a. INFORMANT'S NAME (TYPE OR PRINT): Dr. Richard R. Grayson
17b. RELATIONSHIP: Son
17c. MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP): 1513 Avalon Ct. St. Charles, Ill

18. PART I. Enter the diseases, injuries, or complications 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) Cardiac Arrest
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:
(b) Acute Myocardial Infarction
(c) Arteriosclerotic Heart Disease

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES/NO): NO
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO):

20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18):

20e. INJURY AT WORK (YES/NO):
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY):
20g. LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE):
20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES/NO:

21a. 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
21b. THE DECEDENT WAS PRONOUNCED DEAD ON: MONTH DAY YEAR: May 21, 1989
21c. AT: 1:00 P.

22a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE: Mary Lou Kearns
22b. DATE SIGNED (MONTH, DAY, YEAR): May 22, 1989
22c. CORONER'S PHYSICIAN'S SIGNATURE: Stephen C. Bui Deputy
22d. DATE SIGNED (MONTH, DAY, YEAR):

23a. BURIAL, CREMATION, REMOVAL (SPECIFY):
23b. CEMETERY OR CREMATORY-NAME: Mt. Emblem
23c. LOCATION CITY OR TOWN STATE: Elmhurst Illinois
23d. DATE (MONTH, DAY, YEAR): May 24, 1989

24a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: Norris Funeral Home, 100 S. Third St. St. Charles, Ill. 60174
24b. FUNERAL DIRECTOR'S SIGNATURE: [Signature]
24c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 7559
24d. LOCAL REGISTRAR'S SIGNATURE: Lorraine P. Sava
24e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): May 22, 1989

VR202 (Rev 1 89)

STATE OF ILLINOIS Department of Public Health - Office of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

COUNTY OF KANE

DATE ISSUED

05 22 89

I, Lorraine P. Sava, Kane 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, Kane County, Geneva, Illinois.

Lorraine P. Sava
LORRAINE P. SAVA
COUNTY CLERK

