

CERTIFICATION OF VITAL RECORD

KANE COUNTY, ILLINOIS

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. **45.01**
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK
Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED — NAME FIRST MIDDLE LAST SEX DATE OF DEATH — (MONTH, DAY, YEAR)

1. **Sylvia M. Grayson** 2. **Female** 3. **September 27, 1988**

RACE — (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) ORIGIN OR DESCENT AGE — LAST BIRTHDAY (YRS) UNDER 1 YEAR MOS. DAYS UNDER 1 day HOURS MIN. DATE OF BIRTH — (MO., DAY, YEAR) COUNTY OF DEATH

4a. **White** 4b. **American** 5a. **83** 5b. 5c. 6. **April 27, 1905** 7a. **Kane**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE DOA OPVEMER. RM. INPATIENT (SPECIFY)

7b. **St. Charles** 7c. **124 So. 13th Street** 7d. _____

STATE OF BIRTH — (IF NOT U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE — (MAIDEN NAME, IF WIFE)

8. **Illinois** 9. **U.S.A.** 10. **Married** 11. **Roland Grayson**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. ARMED FORCES? YES / NO WAR OR DATES OF SERVICE

12. **357-07-3717** 13a. **Proprietor** 13b. **Retail** 13c. **No** 13d. _____

RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY YES / NO COUNTY STATE

14a. **124 So. 13th Street** 14b. **St. Charles** 14c. **Yes** 14d. **Kane** 14e. **Illinois**

DECEASED

FATHER — NAME FIRST MIDDLE LAST MOTHER — MAIDEN NAME FIRST MIDDLE LAST

15. **Jacob Daniel Mandelbaum** 16. **Estella Hamburg**

PARENTS

INFORMANT NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. **Roland Grayson** 17b. **Husband** 17c. **124 So. 13th St., St. Charles, Il. 60174**

CAUSE

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE

(a) **terminal pneumonia** 2 days

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(b) **non Hodgkins lymphoma** 5 years

(c) _____

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. **No** 19b. _____

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. 20b. _____

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO

CERTIFIER

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **September 12, 1988** (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES / NO HOUR OR DEATH

21a. **September 12, 1988** 21b. **Yes** 21c. **10:20 A. M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE **Rodney B. Nelson, III** 22b. **Sept. 28, 1988**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. **Rodney B. Nelson, III, M.D. 127 Hamilton St., Geneva, Il. 60134** 22d. **36-45772**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. _____

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY — NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. **Burial** 24b. **Mt. Emblem Cemetery** 24c. **Elmhurst, Illinois** 24d. **Sept. 30, 1988**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. **Norris Funeral Home** **100 So. Third Street** **St. Charles** **Illinois** **60174**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. **[Signature]** 25c. **7559**

LOCAL REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. **Lorraine P. Sava** **[Signature]** 26b. **SEP 28 1988**

VR200 REV. 5/82 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

CERTIFIED COPY OF VITAL RECORDS

STATE OF ILLINOIS)
COUNTY OF KANE) SS DATE ISSUED **SEP 28 1988**

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

