

CERTIFICATION OF DEATH RECORD

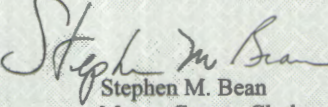
MACON COUNTY CLERK DECATUR, ILLINOIS MEDICAL CERTIFICATE OF DEATH

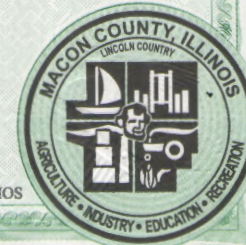
STATE FILE NUMBER 2017 0061557

DATE ISSUED 8/3/2017

DECEDENT'S LEGAL NAME RALPH MERVIN MONTES				SEX MALE	DATE OF DEATH JULY 26, 2017
COUNTY OF DEATH MACON		AGE AT LAST BIRTHDAY 90 YEARS		DATE OF BIRTH OCTOBER 28, 1926	
CITY OR TOWN FORSYTH			HOSPITAL OR OTHER INSTITUTION NAME HICKORYPOINT CHRISTIAN VILLAGE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY					
BIRTHPLACE SPRINGFIELD, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 400 N OAKCREST		APT. NO.	CITY OR TOWN DECATUR		INSIDE CITY LIMITS? YES
COUNTY MACON	STATE IL	ZIP CODE 62522	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN M MONTES	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ETHEL M BARNES	
INFORMANT'S NAME JIM MONTES		RELATIONSHIP SON		MAILING ADDRESS 6080 PACIFIC BEACH DR, FORT MYERS, FL, 33906	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MACON COUNTY MEMORIAL PARK		LOCATION - CITY OR TOWN AND STATE DECATUR, IL	DATE OF DISPOSITION JULY 31, 2017
FUNERAL HOME BRINTLINGER AND EARL FUNERAL HOME, 2827 N OAKLAND AVE, DECATUR, IL, 62526					
FUNERAL DIRECTOR'S NAME DAVID SHAWN CEARLOCK				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014747	
LOCAL REGISTRAR'S NAME STEPHEN MICHAEL BEAN				DATE FILED WITH LOCAL REGISTRAR AUGUST 3, 2017	
CAUSE OF DEATH PART I. LIVER CANCER IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ b. _____ c. _____ Due to (or as a consequence of): APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES		DATE LAST SEEN ALIVE JULY 21, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:35 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 02, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MUHAMMAD KHAN, 2975 N WATER ST, DECATUR, ILLINOIS, 62526				PHYSICIAN'S LICENSE NUMBER 036094565	

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.


 Stephen M. Bean
 Macon County Clerk and Registrar



15-978 IOS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE