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	SEX	DATE OF DEATH
RALPH MERVIN MONTS	MALE	JULY 26, 2017

COUNTY OF DEATH	AGE AT LAST BIRTHDAY	DATE OF BIRTH
MACON	90 YEARS	OCTOBER 28, 1926

CITY OR TOWN	HOSPITAL OR OTHER INSTITUTION NAME
FORSYTH	HICKORYPOINT CHRISTIAN VILLAGE

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY

BIRTHPLACE	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES?
SPRINGFIELD, IL	[redacted]	WIDOWED		YES

RESIDENCE	APT. NO.	CITY OR TOWN	INSIDE CITY LIMITS?
400 N OAKCREST		DECATUR	YES

COUNTY	STATE	ZIP CODE	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION
MACON	IL	62522	JOHN M MONTS	ETHEL M BARNES

INFORMANT'S NAME	RELATIONSHIP	MAILING ADDRESS
JIM MONTS	SON	6080 PACIFIC BEACH DR, FORT MYERS, FL, 33966

METHOD OF DISPOSITION	PLACE OF DISPOSITION	LOCATION - CITY OR TOWN AND STATE	DATE OF DISPOSITION
BURIAL	MACON COUNTY MEMORIAL PARK	DECATUR, IL	JULY 31, 2017

FUNERAL HOME: BRINTLINGER AND EARL FUNERAL HOME, 2827 N OAKLAND AVE, DECATUR, IL, 62526

FUNERAL DIRECTOR'S NAME	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
DAVID SHAWN CEARLOCK	034014747

LOCAL REGISTRAR'S NAME	DATE FILED WITH LOCAL REGISTRAR
STEPHEN MICHAEL BEAN	AUGUST 3, 2017

CAUSE OF DEATH

PART I.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. LIVER CANCER

Due to (or as a consequence of):

b.

Due to (or as a consequence of):

c.

Due to (or as a consequence of):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Enter other ***significant conditions contributing to death*** 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	MANNER OF DEATH
NOT APPLICABLE	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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED	TIME OF DEATH
YES	JULY 21, 2017	NO		04:35 PM

CERTIFIER	DATE CERTIFIED
PHYSICIAN	AUGUST 02, 2017

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH	PHYSICIAN'S LICENSE NUMBER
MUHAMMAD KHAN, 2975 N WATER ST, DECATUR, ILLINOIS, 62526	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