

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>45.0</b>	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>	

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. <b>Gertrude June Grayson</b>			2. <b>Female</b>	3. <b>November 9, 1991</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4. <b>Kane</b>		5a. <b>66</b>	MOS. DAYS	HOURS MIN.	5d. <b>Jun. 1, 1925</b>
6a. <b>Geneva</b>		6b. <b>Delnor-Community Hospital</b>			6c. <b>Inpt.</b>

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. <b>Ft. Dodge, IA.</b>	8a. <b>Married</b>	8b. <b>Dr. Richard Grayson</b>		9. <b>No</b>
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. <b>478-22-5941</b>	11a. <b>Writer-RN</b>	11b. <b>Free Lance Writer</b>	12. <b>12</b>	3. <b>3</b>
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
13a. <b>1513 Avalon Court</b>	13b. <b>St. Charles</b>	13c. <b>YES</b>	13d. <b>Kane</b>	
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. <b>IL</b>	13f. <b>60174</b>	14a. <b>White</b>	14b. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	

FATHER—NAME FIRST MIDDLE LAST	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST	
15. <b>Gustav Theodore Lind</b>	16. <b>Emilie Kinne</b>	
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. <b>Dr. Richard R. Grayson</b>	17b. <b>Husband</b>	17c. <b>1513 Avalon Court, St. Charles, IL</b>

18. PART I. Enter the diseases, 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) <b>Brain Death</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) <b>Hypotia</b>	
(c) <b>Cardiac arrest</b>	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
	19a. <b>NO</b>	19b.
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. <b>11/3/91</b>	20b. <b>Severe coronary &amp; disease</b>	20c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>

1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH
21a. <b>11/9/91</b>	21b. <b>NO</b>	21c. <b>6:30P</b> M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE	22b. <b>Nov. 12, 1991</b>	ILLINOIS LICENSE NUMBER
22c. <b>John A. Kefer, MD, 302 Randall Rd. Geneva, IL 60134</b>	22d. <b>26-050847</b>	
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.	

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. <b>Burial</b>	24b. <b>Garfield Cemetery</b>	24c. <b>Campton Twp.</b>	24d. <b>11/12/91</b>		
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. <b>Norris Funeral Home, 100 South Third Street, St. Charles, IL 60174</b>					
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <i>[Signature]</i>	25c. <b>31-007559</b>				
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <i>Lorraine P. Sava</i>	26b. <b>NOV 12 1991</b>				

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

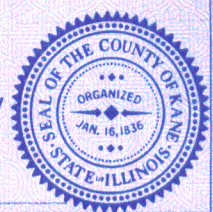
**CERTIFIED COPY OF VITAL RECORDS**

STATE OF ILLINOIS )  
COUNTY OF KANE ) SS

DATE ISSUED **OCT 13 1993**

*Lorraine P. Sava*

LORRAINE P. SAVA  
COUNTY CLERK



This is a true and exact reproduction of the document officially registered and placed on file in the office of the County Clerk, Kane County, Geneva, Illinois.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE