

REGISTRATION DISTRICT NO. 602
REGISTERED NUMBER 2076

80780

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED--NAME FIRST MIDDLE LAST 2. SEX 3. DATE OF DEATH (MONTH, DAY, YEAR)
Pauline Gale Female October 23, 2004

4. COUNTY OF DEATH 5a. AGE--LAST BIRTHDAY (YRS) 5b. UNDER 1 YEAR 5c. UNDER 1 DAY 5d. DATE OF BIRTH (MONTH, DAY, YEAR)
Madison 91 5b. 5c. 5d. December 11, 1912

6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6b. HOSPITAL OR OTHER INSTITUTION--NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
Maryville Anderson Hospital Inpatient

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
Murphysboro, IL 8a. Divorced 8b. 9. No

10. SOCIAL SECURITY NUMBER 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
343-07-6672 11a. Homemaker 11b. Own Home 12. 12

13a. RESIDENCE (STREET AND NUMBER) 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13c. INSIDE CITY (YES/NO) 13d. COUNTY
3 Driftwood 13b. Collinsville 13c. Yes 13d. Madison

13e. STATE 13f. ZIP CODE 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
Illinois 13f. 62234- 14a. White 14b. NO YES SPECIFY:

15. FATHER--NAME FIRST MIDDLE LAST 16. MOTHER--NAME FIRST MIDDLE (MAIDEN) LAST
Henry Henerfouth Beatrice Neace

17a. INFORMANT'S NAME (TYPE OR PRINT) 17b. RELATIONSHIP 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
Bud Williamson 17b. Son # 3 Driftwood Collinsville, IL 62234-

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) Sepsis Acute
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 19a. AUTOPSY (YES/NO) 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. No 19b. No

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES NO X

21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21c. HOUR OF DEATH
9-29-04 21b. No 21c. 10:00 PM

22a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22b. DATE SIGNED (MONTH, DAY, YEAR)
22a. 22b. 10-25-04

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22d. ILLINOIS LICENSE NUMBER
DR. Tibor Kopjas 2118 Vadalabene DR. 22d. 036-07-0084

23. 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.
Maryville IL 62062

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) 24b. CEMETERY OR CREMATORY--NAME 24c. LOCATION CITY OR TOWN STATE 24d. DATE (MONTH, DAY, YEAR)
24a. Burial 24b. Ava Evergreen 24c. Ava IL 24d. 10/26/2004

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
Herr Funeral Home 501 W. Main St Collinsville, IL 62234

25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
John Schemerhorn 25c. 034-012355

26a. LOCAL REGISTRAR'S SIGNATURE 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
Patty J. Thiede 26b. October 25, 2004

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

Exhibit 2

CERTIFIED COPY OF VITAL RECORDS

DEC 12 2006



STATE OF ILLINOIS)
COUNTY OF MADISON) SS

DATE ISSUED

Mark Von Nida

MARK VON NIDA
COUNTY CLERK



This is to certify that this is a true and correct copy of the official record filed in the office of the County Clerk of Madison County, Illinois.
Not valid without the embossed seal of Madison County, Illinois.