

REGISTRATION DISTRICT NO. 10.0  
REGISTERED NUMBER 1062

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

50469

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

1. **Rae Bertrum Blaemire** 2. **Male** 3. **Dec 23, 1975**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YRS.) UNDER 1 YEAR: UNDER 1 DAY: DATE OF BIRTH (MONTH, DAY, YEAR) PLACE OF DEATH COUNTY

4. **White** 5a. **64** 5b. **64** 5c. **64** 6. **Feb 8, 1911** 7a. **Champaign**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER INSIDE CITY (YES/NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. **Champaign** 7c. **yes** 7d. **Burnham City Hospital**

BIRTHPLACE (STATE OR FOREIGN COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8. **Indiana** 9. **U.S.A.** 10. **married** 11. **Hildallice Saddoris**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE (YES/NO)

12. **187-03 1266** 13a. **Owner** 13b. **Implement Co.** 13c. **no** 13d. **none**

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

14a. **Illinois** 14b. **Champaign** 14c. **Champaign** 14d. **yes** 14e. **#8 Apricot, Champaign**

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

15. **Robert Blaemire** 16. **Elsie Ervin**

INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

17a. **Rae U. Blaemire** 17b. **SON** 17c. **4809 Pendiegin, Indianapolis, Ind. 46268**

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) **acute myocardial infarction 9 hrs** (b) **advanced atherosclerosis of coronary A** (c) **not determined**

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

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?

19a. **yes** 19b. **yes**

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. **1976** 20b. **1950** 21a. **12/22/75** 21c. **12/22/75** 21d. **5:00 AM**

I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR) HOUR OF DEATH

CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

SIGNATURE DATE SIGNED (MONTH, DAY, YEAR) ILLINOIS LICENSE NUMBER

22a. **H. J. Kohl, M.D.** 22b. **12/23/75** 22c. **36-2494**

MAILING ADDRESS—CERTIFIER STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

23. **Blair Funeral Home** 102 Dunbar Mahomet, Illinois 61873

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

24a. **Cremation** 24b. **Fairlawn** 24c. **Decatur, Illinois** 24d. **12-24-75**

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

25a. **Blair Funeral Home** 102 Dunbar Mahomet, Illinois 61853

FUNERAL DIRECTOR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

25b. **James W. Blair** 25c. **31-4945** 26a. **Steve A. Jella** 26b. **December 23, 1975**