

☒ PERMANENT
CERTIFICATE

☐ TEMPORARY
CERTIFICATE

REGISTRATION
DISTRICT NO. 62.0

REGISTERED
NUMBER

STATE OF ILLINOIS

STATE FILE
NUMBER

**MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH**

Type, or Print in
PERMANENT INK
See Coroner's
or Funeral Directors
Handbook for
INSTRUCTIONS

A.....
DECEASED

B.....

C.....

D.....

E.....

PARENTS

1.....

2.....

3.....

4.....

5.....

N.....

P.....

H.G.....

RIF.....

UNK.....

CERTIFIER

DISPOSITION

DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Richard T. Bogner		2. male	3. Jan. 30, 2000
COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY
4. Marshall	5a. 59	5b. MOS. DAYS	5c. HOURS MIN.
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		DATE OF BIRTH (MONTH, DAY, YEAR)
6a. Lacon	6b. Grandview Bay 21 Melody Ln.		5d. May 25, 1940
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. Henry, Illinois	8a. married	8b. Joyce E. Edens	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 336-34-1583	11a. electrician	11b. vinyl Mfg.	12. 12
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
13a. Grandview Bay 21 Melody Ln.	13b. Lacon	13c. yes	13d. Marshall
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO R.)
13e. Illinois	13f. 61540	14a. white	14b. ☒ NO ☐ YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST	
15. Frank Bogner		16. Gertrude Barnes	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Joyce E. Bogner		17b. wife	17c. Grandview Bay 21 Melody Ln. Lacon, IL
18. PART I. Enter the disease, injuries, 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.			
Immediate Cause (Final disease or condition resulting in death)		(a) Hepatic Failure days	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Angiosarcoma and Cirrhosis of Liver month	
		(c) Polyvinylchloride Exposure, occupational, chronic years	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. Accident	20b. 1960-1970's	20c. M.	20d. polyvinylchloride exposure
INJURY AT WORK (YES/NO)	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)	LOCATION (CITY, VIL. OR TOWN, OR TWP, OR RD. DIST. NO., COUNTY, STATE)	IF FEMALE, WAS THE NANCY INPATIENT?
20e. yes	20f. B.F. Goodrich	20g. 1550 Cnty Rd. 1450N Henry, 61537	20h. YES ☐
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEDENT WAS PRONOUNCED DEAD ON	
21a.		21b. January 30, 2000	
CORONER'S - MEDICAL EXAMINER'S SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
22a. David C. Lenz Jr.		22b. Feb. 3, 2000	
CORONER'S PHYSICIAN'S SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Violette S. Hnilica, M.D.		23b. February 2, 2000	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)
24a. burial	24b. Immaculate Conception	24c. Lacon, Illinois	24d. Feb. 4
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE
25a. Lenz Memorial Home	823 E. Fifth St.	Lacon, IL.	61540
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. David C. Lenz		25c. 034-010539	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. Melody A. Weber		26b. February 3, 2000	

VR202 (Rev. 1/89)

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1969 U.S. STANDARD CERT)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE February 7, 2000 SIGNED Melody A. Weber
AT Lacon, Illinois OFFICIAL TITLE MARSHALL COUNTY REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Coroner's and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

NGC 04335

PERSONNEL INDEX CARD

Name Bogner, Richard T. Dept. 5528 P. R. No. 2004

Dependents		Salary _____	Hourly _____
Name	B. D.	Social Sec. No. <u>336/34/1583</u>	B. D. <u>5/25/40</u>
_____	_____	M. _____ S. _____ Dep. _____	Relation next of kin _____
_____	_____	Next of Kin _____	
_____	_____	Address <u>R.R.1 - 21 Melody Ln.</u>	
_____	_____	Residence <u>Lacon, Ill.</u>	<u>61540</u>
_____	_____	_____	
_____	_____	_____	
_____	_____	Tel. No. <u>246-8263</u>	
_____	_____	Signature _____	

M & D Printing Co.,

NGC 04336

Dept.	Operation	Rate	Date	G.N.F.
5536/6007	Prod. Oper. Helper	2.45	11/15/65	
	Prod. Oper. Helper	2.56	1/10/66	N
	Prod. Oper. Helper	2.64	2/14/66	G
	Prod. Oper. Helper	2.77	3/7/66	N
	Prod. Oper. 2nd Class	2.85	5/2/66	P
	Prod. Oper. 2nd class	2.91	6/27/66	N
	Prod. Oper. 2nd class	3.09	10/17/66	G
	Prod. Oper. 1st class	3.29	5/1/67	P
	Prod. Oper. 1st class	3.44	10/16/67	G
	Prod. Oper. 1st class	3.64	10/14/68	G
	Prod. Oper. 1st class	3.87	10/13/69	G
	Prod. Oper. 1st class	4.18	10/19/70	G
	Prod. Oper. 1st class	4.41	11/15/71	G
	Prod. Oper. 1st class	4.57	10/18/71	G
	Prod. Oper. 1st class	4.82	10/16/72	G
5537/6007	Prod. Oper. 1st class	4.82	5/28/73	

Dept.	Operation	Rate	Date	G.N.F.
5537/6007	Prod. Oper. 1st class	5.15	10/15/73	G
	Prod. Oper. 1st class	5.46	7/1/74	G
	Prod. Oper. 1st class	5.89	12/16/74	G
	Prod. Oper. 1st class	6.47	1/5/76	G
5528/2004	Maintenance helper	5.76	3/2/76	T
	" "	6.24	11/15/76	G
	Maint. Man 2nd class	6.42	12/20/76	P
	" " " "	6.60	2/14/77	A
	" " " "	6.77	4/11/77	A
	" " " "	6.87	5/2/77	G
	Main. Man 2nd class	6.99	8/1/77	G
	" " " "	7.08	10/31/77	C
	" " " "	7.37	10/31/77	GI
	Main. Man 2nd class	7.44	1/30/78	C

Dept.	Operation	Rate	Date	G.N.F.
28/2004	Maint. Man #2	8.10	01/29/79	C
	Maint. Man #1	8.39	03/12/79	P
	" " " "	8.56	04/30/79	C
	" " " "	8.80	05/07/79	A
	" " " "	9.07	07/02/79	A
	" " " "	9.32	07/30/79	C
G-\$.17	" " " "	9.93	10/29/79	C
	" " " "	10.08	01/28/80	C
	" " " "	10.33	4/28/80	C
	" " " "	10.56	8/04/80	C
	Main. Man #1	11.06	11/3/80	\$.11
				.19
		11.06		.20
5528/2004	Main. Man #1	11.23	2/2/81	.17
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NGC 04337

Dept.	Operation	Rate	Date	G.N.P.
28/2004	Maint. Man 2nd. c	7.54	05/01/78	COLA
	" " "	7.70	07/31/78	COLA
	" " "	7.97	10/30/78	C & G
	" " "	8.10	01/29/79	C
	Maint. Man 1st. cl	8.39	03/12/79	P
	" " "	8.56	04/30/79	C
	" " "	8.80	05/07/79	A

Dept.	Operation	Rate	Date	G.N.P.
5528/2004	Maint. Man #1	11.40	5/4/81	.17 C
	" " "	11.55	8/3/81	.15 C
	Main. Man #1	11.93	11/2/81	.17 G
				.21 C
	Main. Man #1	12.05	2/1/82	.12C
	Main. Man #1	12.12	5/3/82	.07C
		11.514	6/7/82	5%
		12.12	1/3/83	
	" " "	12.14	1/31/83	.02C
	" " "	12.52	5/2/83	.38G
	" " "	12.62	8/1/83	.10C
	" " "	12.88	10/31/83	.12C
				.14G
	" " "	12.94	1/30/84	.06C