

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. 1

BIRTH No. MAR 20 1952

1. PLACE OF DEATH a. COUNTY <i>Eaton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mich.</i> b. COUNTY <i>Muskegon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>158 West 5th St</i>		c. LENGTH OF STAY (in this place) <i>2 weeks</i>	c. TOWNSHIP, CITY OR VILLAGE <i>Vermontville Mich.</i> d. Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>158 West 5th St</i>		e. STREET ADDRESS (If rural, give location) <i>Pavona R.F.D. #1</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Frank</i> b. (Middle) <i>Caledonia</i> c. (Last) <i>Saunders</i>		4. DATE OF DEATH (Month) <i>Mar.</i> (Day) <i>1</i> (Year) <i>1952</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>5-15-1870</i>
9. AGE (In years last birthday) <i>81</i>		If under 1 Year: Months <i>9</i> Days <i>26</i> Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mechanics</i>	11. BIRTHPLACE (State or foreign country) <i>Muskegon Co. Mich.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Wm. Saunders</i>	
14. MOTHER'S MARDEN NAME <i>Sarah Tuttle</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>366-16-6775</i>		17. INFORMANT'S SIGNATURE <i>Vivian C. Hall Daughter</i> ADDRESS <i></i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Acute Myocardial Infarction</i> ANTECEDENT CAUSES <i>Various infection of throat 6 mo.</i> Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i></i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Interval Between Onset and Death <i>3 days</i>	
21a. ACCIDENT (Specify) <i></i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i></i>	
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour) (Minute) <i></i>	
21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i></i>	
22. I hereby certify that I attended the deceased from <i>Feb 25</i> , 19 <i>52</i> , to <i>Mar. 1</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>February 9</i> , 19 <i>52</i> , and that death occurred at <i>6:30 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>L. Donald Kelsey D.O.</i>		23b. ADDRESS <i>Vermontville Mich.</i>	
23c. DATE SIGNED <i>Mar 1-1952</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>Mar 16-1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Monroe View Cemetery</i>	
24d. LOCATION (City, village, twp., or county) (State) <i>Muskegon Heights Mich.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Chock Funeral Home Muskegon Mich.</i>	
DATE REC'D BY LOCAL REG. <i>Mar 1-1952</i>		REGISTRAR'S SIGNATURE <i>A. B. Armstrong</i>	

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD

alive

1951

(a)

Mich.

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