

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

State File No.

Local File No. 4

BIRTH No.

1. PLACE OF DEATH a. COUNTY <u>Eaton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mich</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Vermontville</u>	c. LENGTH OF STAY (in this place) <u>15 yrs.</u>	c. TOWNSHIP, CITY-OR VILLAGE (Name of) <u>Vermontville</u>	d. Is 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 <u>342 E. Main St.</u>		e. STREET ADDRESS (If rural, give location) <u>342 E. Main St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>KLUNE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 25 - 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-9-1878</u>
9. AGE (In years last birthday) <u>74</u>		If under 1 Year: Months <u>8</u> Days <u>16</u> Hours <u>16</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Eaton Co. Charles Twp.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Klune</u>		14. MOTHER'S MAIDEN NAME <u>Magdeline Ottney</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE <u>Mrs. Carrie Martin</u>		ADDRESS <u>Vermontville Mich</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Rt. side Cardiac collapse</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Arteriosclerosis</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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 type="checkbox"/>		Interval Between Onset and Death <u>6 hrs.</u> <u>4 hrs.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-1-1953</u> , to <u>7-25-1953</u> , that I last saw the deceased alive on <u>7-25-1953</u> , and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R.E. White D.O.</u>		23b. ADDRESS <u>Marshallville</u>	
23c. DATE SIGNED <u>7-27-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bresham Cem.</u>	24d. LOCATION (City, village, twp., or county) (State) <u>Chester Township Mich</u>
DATE REC'D BY LOCAL REG. <u>July 22-53</u>		REGISTRAR'S SIGNATURE <u>J.E. Marcum</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H.K. Ward</u>		ADDRESS <u>Vermontville Mich</u>	

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

ceased alive

(State)

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