

17 1953  
 BIRTH No. Eaton

### CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
 Vital Records Section

State File No.   
 Local File No. 7

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 <u>Eaton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Vermontville Mich</u>	c. LENGTH OF STAY (in this place) <u>3 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>W. Main</u>		e. STREET ADDRESS (If rural, give location) <u>W. Main</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Stark</u> c. (Last) <u>Heimbach</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 27 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-19-1896</u>
9. AGE (In years last birthday) <u>57</u>		If under 1 Year: Months <u>5</u> Days <u>7</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Vermontville Mich</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>James H. Grimes</u>	
14. MOTHER'S MAIDEN NAME <u>Joda Gertrude Rich</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>370-12-8512</u>		17. INFORMANT'S SIGNATURE <u>Mrs. Betty McClellan</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>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Coronary Embolism</u> Interval Between Onset and Death <u>4 weeks</u> 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 checked="" type="checkbox"/>		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) m.		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>June 1950</u> , 19 <u>50</u> , to <u>Oct-27</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. D. Kelsey D.O.</u>		23b. ADDRESS <u>Vermontville Mich</u>	
23c. DATE SIGNED <u>10/28/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/29/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville Eaton Co Mich</u>	
DATE REC'D BY LOCAL REG. <u>Oct-29-53</u>		REGISTRAR'S SIGNATURE <u>L. E. Marcum</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard L. Stanley</u> ADDRESS <u>Vermontville, Mich</u>			

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

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