

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. **3**

*Copied
County Clerk
May 18, 1954*
BIRTH NO.

1. PLACE OF DEATH a. COUNTY <i>Eaton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Michigan</i> b. COUNTY <i>Eaton</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Vermontville</i>	c. LENGTH OF STAY (in this place) <i>50 YRS</i>	c. TOWNSHIP, CITY OR VILLAGE (Name of) <i>Vermontville</i>	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 <i>248 E. Main</i>		e. STREET ADDRESS (If rural, give location) <i>248 E. Main</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>JENNIE</i> b. (Middle) <i>H. SHERBARD</i> c. (Last)		4. DATE OF DEATH (Month) <i>May</i> (Day) <i>14</i> (Year) <i>1954</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 23 1882</i>
9. AGE (In years last birthday) <i>72</i>		10. If under 1 Year If under 24 Hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Eaton Co. Mich.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME <i>Harmon S. Hager</i>		14. MOTHER'S MAIDEN NAME <i>Jane Patterson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>865-10-5794</i>	
17. INFORMANT'S SIGNATURE <i>W.D. Sherbard</i>		ADDRESS <i>Vermontville Mich.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Interval Between Onset and Death <i>1 Hr.</i> <i>4 hrs.</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Posterior Left Coronary Infarction</i>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <i>Acute Infectious Pancreatitis</i>			
DUE TO (c) <i>Arterio-sclerotic</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Left fibrotic kidney</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input 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) (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 <i>April 25</i> , 19 <i>54</i> , to <i>May 14</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>May 14</i> , 19 <i>54</i> , and that death occurred at <i>2:30 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>J. Donald Kelsey D.O.</i>		23b. ADDRESS <i>Vermontville Mich.</i>	
23c. DATE SIGNED <i>5/15/54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-17-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24d. LOCATION (City, village, twp., or county) (State) <i>Vermontville Mich.</i>
DATE REC'D BY LOCAL REG. <i>May 17-1954</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Richard S. Stanley</i>	
REGISTRAR'S SIGNATURE <i>J.E. Marcum</i>		ADDRESS <i>Vermontville, Mich.</i>	

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

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