

Copy enclosed
Wm 18-54

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No.

Local File No. 4

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) <u>Vermontville</u>	c. LENGTH OF STAY (in this place) <u>50</u>	c. TOWNSHIP, CITY OR VILLAGE <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>Vermontville</u>		e. STREET ADDRESS (If rural, give location) <u>449 South Main</u>	
3. NAME OF DECEASED (Type or Print) <u>Bertha M. Loveland</u>		c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1954</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>Sept 4 1877</u>
9. AGE (In years last birthday) <u>77</u>		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) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Eaton Co Mich</u>
13. FATHER'S NAME <u>Alexander Fullerton</u>		14. MOTHER'S MAIDEN NAME <u>Emeline Berman Vermontville</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. P. W. Loveland</u>		ADDRESS <u>449 So. Main 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Acute Coronary Arteriosclerosis</u> ANTECEDENT CAUSES <u>Cholelithiasis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>10 yrs</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) (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>August</u> , 19 <u>35</u> , to <u>July 14</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>July 14</u> , 19 <u>54</u> , and that death occurred at <u>July 14</u> , 19 <u>54</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. Donald Kelsig DO</u>		23b. ADDRESS <u>Vermontville Mich</u>	
23c. DATE SIGNED <u>7/14/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/16/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, village, township, or county) (State) <u>Eaton Co Mich</u>	
DATE REC'D BY LOCAL REG. <u>July 16-54</u>		REGISTRAR'S SIGNATURE <u>J. E. Mason</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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