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5-13-55

CERTIFICATE OF DEATH

State File No.

5

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No.

5

BIRTH No.

1. PLACE OF DEATH a. COUNTY <i>Calumet</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mich.</i> b. COUNTY <i>Calumet</i>	
b. CITY OR VILLAGE <i>Vermontville</i>	c. LENGTH OF STAY (in this place) <i>61 yrs</i>	c. TOWNSHIP, CITY OR VILLAGE <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>2508. Main St.</i>		e. STREET ADDRESS <i>2508. Main St.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>J.</i> b. (Middle) <i>Verne</i> c. (Last) <i>Shout</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 12 1955</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 1 1893</i>
9. AGE (In years last birthday) <i>61</i>	If under 1 Year Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Auto. Playwright</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Shout Tent Show</i>		11. BIRTHPLACE (State or foreign country) <i>Vermontville Mich</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>William P. Shout</i>		14. MOTHER'S MAIDEN NAME <i>May L. Hall</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes World War I</i>		16. SOCIAL SECURITY NO. <i>382-01-8130</i>	17. INFORMANT'S SIGNATURE <i>Mr. Verne Shout</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Decubation</i> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. <i>Myocarditis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Interval Between Onset and Death <i>1 hr.</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input 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)	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>Jan 9 1945</i> , to <i>April 12 1955</i> , that I last saw the deceased alive on <i>April 12 1955</i> , and that death occurred at <i>9:45 P.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>4/14/55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3/15/55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Kalamo</i>	24d. LOCATION (City, village, twp., or county) (State) <i>Kalamo Twp. E. Calumet Mich</i>
DATE REC'D BY LOCAL REG. <i>April 15-55</i>	REGISTRAR'S SIGNATURE <i>C. E. Murr</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Richard S. Stanley</i> ADDRESS <i>Vermontville Mich</i>	

TYPE OR PRINT (EXCEPT SIGNATURE)

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