

60003
53-55

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 <u>Colon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mich.</u> b. COUNTY <u>Colon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u> c. LENGTH OF STAY (in this place) <u>61 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>2508. Main St.</u>		e. STREET ADDRESS (If rural, give location) <u>2508. Main St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>L.</u> b. (Middle) <u>Verne</u> c. (Last) <u>Shout</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>12</u> (Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 1 1893</u>
9. AGE (In years last birthday) <u>61</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto. Playwright</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe</u>	
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>William P. Shout</u>		14. MOTHER'S MAIDEN NAME <u>Mary L. Hall</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>382-01-8130</u>	
17. INFORMANT'S SIGNATURE <u>Mr. Verne Shout</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Decubus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>myocarditis</u> 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 <u>1 hr.</u>	
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) 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>Jan 45</u> to <u>April 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 12</u> , 19 <u>55</u> , and that death occurred at <u>9:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. Donald Kelsey D.O.</u>		23b. ADDRESS <u>Vermontville Mich</u>	
23c. DATE SIGNED <u>4/14/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/15/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Kalamo</u>		24d. LOCATION (City, village, twp., or county) (State) <u>Kalamo Twp. E. Colon Co. Mich</u>	
DATE REC'D BY LOCAL REG. <u>April 15-55</u>		REGISTRAR'S SIGNATURE <u>C. E. Mearns</u>	
FURNERAL DIRECTOR'S SIGNATURE <u>Richard S. Stanley</u>		ADDRESS <u>Vermontville Mich</u>	

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