

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. 7

1. PLACE OF DEATH a. COUNTY <i>Eaton</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mich</i> b. COUNTY <i>Eaton</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <i>Vermontville</i>		c. LENGTH OF STAY (in this place) <i>52 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>217 W. Main</i>				e. STREET ADDRESS (If rural, give location) <i>217 W. Main</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Elmon</i> b. (Middle) <i>J. Loveland</i> c. (Last) <i>Loveland</i>		4. DATE OF DEATH (Month) <i>June</i> (Day) <i>3</i> (Year) <i>1955</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>		8. DATE OF BIRTH <i>Dec 16 1880</i>		9. AGE (In years last birthday) <i>74</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>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Pharmacy</i>		11. BIRTHPLACE (State or foreign country) <i>Eaton County Mich</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Edward E. Loveland</i>				14. MOTHER'S MAIDEN NAME <i>Alora Whelan</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>721-12-6762</i>		17. INFORMANT'S SIGNATURE <i>Mr. Marshall Berry Battle</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Motor Vehicle Exhaust Gas</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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>Found dead at 6:30 P.M.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE) <i>Vermontville Eaton Mich</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>6/3/55</i> m.		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4:38 P.M.</i> from the causes and on the date stated above.							
23a. SIGNATURE <i>W. L. Burkhead</i>		(Degree or title) <i>Coroner</i>		23b. ADDRESS <i>Charlotte</i>		23c. DATE SIGNED <i>6/3/1955</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6/6/55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>		24d. LOCATION (City, village, twp., or county) (State) <i>Vermontville Eaton Co. Mich</i>	
DATE REC'D BY LOCAL REG. <i>Jan 6, 1955</i>		REGISTRAR'S SIGNATURE <i>L. G. Ware</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Richard Stanley</i> ADDRESS <i>Atto Funeral Home Vermontville Mich</i>			

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

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