

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

County Clerk
12-16-55

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. 8

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) <i>Vermontville</i>		c. LENGTH OF STAY (in this place) <i>51 yrs</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>193 E. Main St.</i>		e. STREET ADDRESS (If rural, give location) <i>193 E. Main St.</i>	
3. NAME OF DECEASED (Type or Print)	a. (First) <i>John</i>	b. (Middle) <i>William</i>	c. (Last) <i>Waggoner</i>
4. DATE OF DEATH	(Month) <i>June</i>	(Day) <i>26</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>Widowed</i>	8. DATE OF BIRTH <i>July 12 1878</i>
9. AGE (In years last birthday) <i>76</i>	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>Farming</i>
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>William D. Waggoner</i>		14. MOTHER'S MAIDEN NAME <i>Mary Ann House</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE <i>Miss Mary Waggoner Vermontville Mich</i>		ADDRESS <i>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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Myocardial Degeneration</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <i>Glomerulo Nephritis</i> 6 weeks 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) (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 <i>May 19 34</i> , to <i>June 19 55</i> , that I last saw the deceased alive on <i>June 25 19 55</i> , and that death occurred at <i>2 a</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>L. Donald Healey D.O.</i>		23b. ADDRESS <i>Vermontville Mich</i>	23c. DATE SIGNED <i>6/27/55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6/28/55</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 27 1955</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Richard L. Stanley</i> ADDRESS <i>Otto Funeral Home</i>	

506