

County Clerk
12-16-55

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. 10

BIRTH No.

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>8 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On street in front of Standard Service</u>		e. STREET ADDRESS (If rural, give location) <u>369 S. Main</u>	
3. NAME OF DECEASED a. (First) <u>Cecil Henry</u> b. (Middle) <u>Valdick</u> c. (Last) <u>Valdick</u>		4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>22</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 9. AGE (In years last birthday) <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U. S. Army</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Benzonia Mich</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Frank Valdick</u>		14. MOTHER'S MAIDEN NAME <u>Beall Hill</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 2</u>		16. SOCIAL SECURITY NO. <u>372-34-3097</u>	
17. INFORMANT'S SIGNATURE <u>Mrs Cecil Valdick</u>		ADDRESS <u>Vermontville Mich</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> 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. <u>Sudden</u>		Interval Between Onset and 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:00 PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W.D. Burkhead</u> <u>Coroner Co Eaton</u>		23b. ADDRESS <u>Charlotte Mich</u>	
23c. DATE SIGNED <u>9/23/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/25/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville, Eaton Co Mich</u>	
DATE REC'D BY LOCAL REG. <u>Sept 24-55</u>		REGISTRAR'S SIGNATURE <u>J.E. Menden</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Richard L. Stanley</u>		ADDRESS <u>Old Funeral Home Vermontville Mich</u>	

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

admission).
thin limits of rated village?
No ☐
(Year)
5 under 24 Hrs.
ours Min.
T COUNTRY?
ADDRESS
Interval Between set and Death
1 week
40
18 mo.
AUTOPSY?
Yes ☐ No ☐
(STATE)
v the deceased alive
IGNED
5/55
(State)
view
PRESS
montville

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