

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

State File No.

BIRTH No.

Local File No. 1

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>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. TOWNSHIP, CITY OR VILLAGE <u>Wayne</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>Russell Kelsey Res.</u>		e. STREET ADDRESS (If rural, give location) <u>4259 Filbert St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) c. (Last) <u>DALE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Mar 16, 1905</u>
9. AGE (In years last birthday) <u>51</u>		10. CITIZEN OF WHAT COUNTRY? <u>U S A.</u>	
11. BIRTHPLACE (State or foreign country) <u>Flint, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A.</u>	
13. FATHER'S NAME <u>Step-Father: Edward Churchill</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Middaugh</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>364-12-3816</u>	
17. INFORMANT'S SIGNATURE <u>Mrs Alfred D. Ingham Post Huron Mich</u>		ADDRESS	
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) <u>Pneumonia Pulmonary Infection</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.	
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) (Minute)		21e. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 16</u> , 19 <u>57</u> , to <u>Feb 17</u> , 19 <u>57</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 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>2/19/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/20/57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Stony Point</u>		24d. LOCATION (City, village, twp., or county) (State) <u>Castleton Twp Barry Co. Mich.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph C. Cotto</u>		ADDRESS <u>Castleton Twp Barry Co. Mich.</u>	

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