

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

State File No.

Local File No. 2

BIRTH No.

1. PLACE OF DEATH a. COUNTY <u>FALCON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MICHIGAN</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>VERMONTVILLE</u>	c. LENGTH OF STAY (in this place) <u>11 YRS.</u>	c. TOWNSHIP, CITY OR VILLAGE <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>423 So. MAIN ST.</u>		e. STREET ADDRESS (If rural, give location). <u>423 So. MAIN ST.</u>	
3. NAME OF DECEASED (Type or Print) <u>WARREN R. ORWICK</u>		c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 14 - 1959</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>JANUARY 29, 1878</u>
9. AGE (In years last birthday) <u>81 YRS.</u>	If under 1 Year Months Days Hours Min.		If under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLUMBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>	11. BIRTHPLACE (State or foreign country) <u>MICHIGAN</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>Rev. John F. ORWICK</u>	
14. MOTHER'S MAIDEN NAME <u>Ellen Nichols</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE <u>MRS. ERIC ORWICK, VERMONTVILLE</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Thrombotic Encephalomalacia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Chronic Cholecystitis</u> 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"/>		Interval Between Onset and Death	
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 (Month) (Day) (Year) (Hour) (Minute) (Second)	
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>May 6</u> , 19 <u>57</u> , to <u>Dec. 14</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>Dec. 9</u> , 19 <u>59</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Regina C. Benette, M.D.</u>		23b. ADDRESS <u>310 W. Main Street, Vermontville, Mich.</u>	
23c. DATE SIGNED <u>Dec. 15 - 1959</u>		23d. LOCATION (City, village, twp., or county) (State) <u>Vermontville, Michigan</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 16, 1959</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u>		24d. FUNERAL DIRECTOR'S SIGNATURE <u>George A. Vogt</u>	
24e. ADDRESS <u>Nashville, Mich.</u>		24f. REGISTRAR'S SIGNATURE <u>Leta Nagle, Clerk</u>	
24g. DATE REC'D BY LOCAL REG. <u>Dec. 15 - 1959</u>		24h. ADDRESS <u>Vermontville, Mich.</u>	

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