

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. *I*

1. PLACE OF DEATH a. COUNTY <i>Eaton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Michigan</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>80 yrs</i>	c. TOWNSHIP, CITY OR VILLAGE (Name of) <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>410 So. Main Street</i>		e. STREET ADDRESS (If rural, give location) <i>410 So. Main Street</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Joseph</i> b. (Middle) <i>Faust</i> c. (Last)	4. DATE OF DEATH (Month) <i>February</i> (Day) <i>7</i> (Year) <i>1960</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 5 - 1870</i>
9. AGE (In years last birthday) <i>89</i>		If under 1 Year Months <i>9</i> Days <i>2</i>	If under 24 Hrs Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Ohio</i>
12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		13. FATHER'S NAME <i>Bernhart Faust</i>	
14. MOTHER'S MAIDEN NAME <i>Lavina Humberger</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	
16. SOCIAL SECURITY NO. <i>367-22-6136</i>		17. INFORMANT'S SIGNATURE <i>Calista Faust</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Anemia</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>O.K. Bul Field Eaton Co. Coroner</i> DUE TO (c) <i>Sore on rt forearm</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION <i>20 + 4</i>	
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 <i>Dec - 1947</i> , 19 <i>2-7</i> , 1960, that I last saw the deceased on <i>2-7</i> , 19 <i>2-7</i> , and that death occurred at <i>2-7</i> , 1960, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>C. O. Willits M.D.</i>		23b. ADDRESS <i>Charlotte Mich</i>	
23c. DATE SIGNED <i>2-8-60</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>Feb. 10 - 1960</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>	
24d. LOCATION (City, village, twp., or county) (St.) <i>Vermontville Mich</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>K. H. Vogt</i>	
25. ADDRESS <i>Nashville, Mo</i>		DATE REC'D BY LOCAL REG. <i>Feb. 10 - 1960</i>	
REGISTRAR'S SIGNATURE <i>Leta H. Kager</i>			