

CERTIFICATE OF DEATH

State File No. _____

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No. _____

Local File No. I

True copy 5-31-60

1. PLACE OF DEATH a. COUNTY <u>Eaton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Michigan</u> b. COUNTY <u>Eaton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u> OR VILLAGE		c. LENGTH OF STAY (in this place) <u>80 yrs</u>	c. TOWNSHIP, CITY OR VILLAGE <u>Vermontville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 So. Main Street</u>		e. STREET ADDRESS (If rural, give location) <u>410 So. Main Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Faust</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>February 7 - 1960</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>May 5 - 1870</u>
9. AGE (In years last birthday) <u>89</u>		If under 1 Year Months <u>9</u> Days <u>2</u>	If under 24 Hr Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13. FATHER'S NAME <u>Bernhart Faust</u>	
14. MOTHER'S MAIDEN NAME <u>Lavina Humberger</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>367-22-6136</u>		17. INFORMANT'S SIGNATURE <u>Calista Faust</u> ADDRESS <u>Vermontville</u>	
MEDICAL CERTIFICATION			
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>Anemia</u>		Interval Between Onset and Death <u>4 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. <u>O.K. Paul Field & Co. Coroner Eaton Co.</u>			
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sore on abdomen</u>			
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) _____		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>Dec - 1947</u> , 19____, to <u>2-7</u> , 19 <u>60</u> , that I last saw the deceased on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P. O. Willits M.D.</u>		23b. ADDRESS <u>Charlotte Mich</u>	23c. DATE SIGNED <u>2-8-60</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 10 - 1960</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville Mich</u>
DATE REC'D BY LOCAL REG. <u>Feb. 10 - 1960</u>		REGISTRAR'S SIGNATURE <u>Leta H. Kogee</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. H. Vogt</u> ADDRESS <u>Nashville, Mo</u>