

# CERTIFICATE OF DEATH

State File No.

BIRTH No. *verified copy of original*

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

Local File No. *1*

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

1. PLACE OF DEATH a. COUNTY <i>EATON Co</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>MICHIGAN</i> b. COUNTY <i>BARRY</i>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR VILLAGE <i>VERMONTVILLE</i>		c. TOWNSHIP, CITY OR VILLAGE (Name of) <i>MAPLE GROVE Twp.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>MICHIGAN MAGNETICS</i>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <i>GORDON</i> b. (Middle) <i>DAVID</i> c. (Last) <i>GARDNER</i>		4. DATE OF DEATH (Month) <i>July</i> (Day) <i>21</i> (Year) <i>1961</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>STUDENT M.S.U.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>SAME</i>	11. BIRTHPLACE (State or foreign country) <i>MICHIGAN</i>
13. FATHER'S NAME <i>GERALD GARDNER</i>		14. MOTHER'S MAIDEN NAME <i>ALBERTA SWIFT</i>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		17. SOCIAL SECURITY NO. <i>363-44-9006</i>	
19. 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, asthenia, etc. It means the disease, injury or complication which caused death.		18. INFORMANT'S NAME <i>GERALD GARDNER, JR. NASHVILLE</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Electrocuted</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <i>Accidentally</i> rise to the above cause (a) stating the underlying cause last. DUE TO (c)		Interval Between Onset and Death <i>0</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19d. DATE OF OPERATION		19e. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE <i>Accident</i> HOMICIDE <i>Factory</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Factory</i>	
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE) <i>Vermontville Eaton Michigan</i>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>5:10 P.M. 7/21/1961</i>		21e. INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While at Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>Installing light fixture</i>			
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 <i>App. 5:10 P.M.</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Bert Field Eaton County Coroner</i>		23b. ADDRESS <i>Dimondale Michigan</i>	
23c. DATE SIGNED <i>7/21/1961</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 24-1961</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Wilcox Cemetery</i>		24d. LOCATION (City, village, twp., or county) (State) <i>MAPLE GROVE</i>	
DATE REC'D BY LOCAL REG. <i>7-23-1961</i>		REGISTRAR'S SIGNATURE <i>Leta Nagle</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>George H. Vogt, Nashville, Michigan</i>		ADDRESS	

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