

CERTIFICATE OF DEATH
MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No. _____
Local File No. 1

*True copy OK.
Brought to 7-21-1961*

BIRTH No. _____

1. PLACE OF DEATH a. COUNTY <u>Caton County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Michigan</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u>		c. LENGTH OF STAY (in this place) _____ c. TOWNSHIP, CITY OR VILLAGE <u>Maple Grove Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Michigan Magnetics Inc</u>		e. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GORDON</u> b. (Middle) <u>DAVID</u> c. (Last) <u>GARDNER</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>21</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH (Month) _____ (Day) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student M-S-U.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</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>GERALD GARDNER</u>		14. MOTHER'S MAIDEN NAME <u>ALBERTA SWIFT</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>363-44-9006</u>	
17. INFORMANT'S SIGNATURE <u>GERALD GARDNER, Mich</u>		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>Electrocuted</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Accident</u> 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. AUTO INTERVAL ONSET Yes <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Factory</u>		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE) <u>Vermontville Caton, Mich</u>	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____ <u>7-21-1961 P. m.</u>		21e. INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While at Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Installing Light Fixture</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Rev. L. Field Caton County Coroner</u>		23b. ADDRESS <u>Remondell Mich</u>	
23c. DATE SIGNED <u>7-21-1961</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>July 24, 1961</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wilcox Cemetery</u>	
24d. LOCATION (City, village, twp., or county) <u>MAPLE GROVE</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Vogt, Nashville, Mich</u>	
DATE REC'D BY LOCAL REG. <u>7-23-1961</u>		REGISTRAR'S SIGNATURE <u>Leta Nagle</u>	