

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. I

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

1. PLACE OF DEATH a. COUNTY <u>Eaton</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u> c. LENGTH OF STAY (in this place) <u>15 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>481 W. Third St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Michigan</u> b. COUNTY <u>Eaton</u> c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>Vermontville Twp.</u> d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>481 W. Third St.</u>			
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Betts</u> c. (Last) <u>Betts</u>		4. DATE OF DEATH (Month) <u>February</u> (Day) <u>26</u> (Year) <u>1962</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>March 20, 1871</u> 9. AGE (In years last birthday) <u>90</u> If under 1 year: Months <u> </u> Days <u> </u> If under 24 hrs: Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Thrasher & Lumberman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Thrasher, Lumberman</u>		11. BIRTHPLACE (State or foreign country) <u>Chester Twp, Mich.</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Jesse Betts</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>		15. NAME OF HUSBAND OR WIFE OF DECEASED <u>Josephene Betts,</u>			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. <u>None</u>		18. INFORMANT'S NAME <u>Josephene Betts, 481 W. Third, Vermontville</u> ADDRESS			
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, asthma, etc. It means the disease, injury or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19d. DATE OF OPERATION <u>None</u>		19e. 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) _____ m.		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>3-10</u> , 19 <u>62</u> , to <u>2-26</u> , 19 <u>62</u> , that I last saw the deceased alive on <u>2-24</u> , 19 <u>62</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C.D. Willis M.D.</u>		23b. ADDRESS <u>Charlotte Michigan</u>		23c. DATE SIGNED <u>2-26-1962</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>3-1-1962</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grisham Cemetery</u>			
24d. LOCATION (City, village, twp., or county) (State) <u>Eaton County</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph P. Price, Charlotte, Mich.</u> ADDRESS _____					
DATE REC'D BY LOCAL REG. <u>2-28-1962</u>		REGISTRAR'S SIGNATURE <u>Lyda Nagle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph P. Price, Charlotte, Mich.</u>			

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