

# CERTIFICATE OF DEATH

State File No.  

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

*Just Copy*  
**BIRTH No.**

Local File No. 2

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Eaton</u>			<b>2. USUAL RESIDENCE</b> (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) OR VILLAGE <u>I32 East First St.</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>	c. TOWNSHIP, CITY OR VILLAGE <u>village Vermontville</u>		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 <u>I32 East First St.</u>			e. STREET ADDRESS (If rural, give location) <u>I32 East First St.</u>			
<b>3. NAME OF DECEASED</b> a. (First) <u>Viola</u> b. (Middle) <u>Russell</u>		c. (Last) <u>Russell</u>	<b>4. DATE OF DEATH</b> (Month) <u>June</u> (Day) <u>6</u> (Year) <u>1962</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b>	<b>9. AGE</b> (In years last birthday) <u>68</u>	If under 1 year: Months <u> </u> Days <u> </u> If under 24 Hrs.: Hours <u> </u> Min. <u> </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Same</u>	<b>11. BIRTHPLACE</b> (State or foreign country)	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		
<b>13. FATHER'S NAME</b> <u>Willard McCremmon</u>		<b>14. MOTHER'S MAIDEN NAME</b> <u>Mittie Bower</u>		<b>15. NAME OF HUSBAND OR WIFE OF DECEASED</b> <u>Albert Russell</u>		
<b>16. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>17. SOCIAL SECURITY NO.</b> <u>None</u>	<b>18. INFORMANT'S NAME</b> <u>Mrs. Floyd Boyer</u>		ADDRESS <u>Grand Ledge Mich.</u>	
<b>19. CAUSE OF DEATH</b> 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.			<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)</b> <u>Coronary Occlusion</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arterio Sclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			Interval Between Onset and Death <u>years</u>		<b>20. AUTOPSY?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>19d. DATE OF OPERATION</b>	<b>19e. MAJOR FINDINGS OF OPERATION</b>					
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, VILLAGE, OR TOWNSHIP)</b>	<b>(COUNTY)</b>	<b>(STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>approx. 4:30 P.</u> m., from the causes and on the date stated above.						
<b>23a. SIGNATURE</b> (Degree or title) <u>Leslie Petrus Coroner</u>		<b>23b. ADDRESS</b> <u>Grand Ledge Michigan</u>		<b>23c. DATE SIGNED</b> <u>June 6 - 1962</u>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>June 9 - 1962</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Woodlawn Cemetery</u>	<b>24d. LOCATION</b> (City, village, twp., or county) <u>Vermontville Michigan</u>	(State)		
<b>DATE REC'D BY LOCAL REG.</b> <u>June 9 - 1962</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Leta Nagle, Clerk</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>George Vogt</u>		
				ADDRESS <u>Nashville, Mich.</u>		

B-36

529