

MARGIN RESERVED FOR BINDING

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

BIRTH NO. <i>True Certified Copy</i>				CERTIFICATE OF DEATH		State File No.	
MICHIGAN DEPARTMENT OF HEALTH Vital Records Section				Local File No. <i>4</i>			
1. PLACE OF DEATH a. COUNTY Eaton County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Michigan b. COUNTY Eaton		c. TOWNSHIP, CITY OR VILLAGE Vermontville		d. Is Residence within limits a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) Vermontville		c. LENGTH OF STAY (in this place) 40 yrs.		e. STREET ADDRESS 243 East Main St.		(If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 243 East Main St.		3. NAME OF DECEASED a. (First) Arthur L. Barningham b. (Middle) Arthur L. Barningham c. (Last) Arthur L. Barningham		4. DATE OF DEATH (Month) (Day) (Year) October 29, 1962			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 21, 1884	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Banker		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Barningham		14. MOTHER'S MAIDEN NAME Mary Ann Welch		15. NAME OF HUSBAND OR WIFE OF DECEASED Alice Barningham		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
17. SOCIAL SECURITY NO. 382-01-2566		18. INFORMANT'S NAME Alice Barningham, Vermontville, Mich.		19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion ANTECEDENT CAUSES Arteriosclerotic Heart Disease 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.		Interval Between Onset and Death 2 min.	
19d. DATE OF OPERATION		19e. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE		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 (Month) (Day) (Year) (Hour) (Minute) 10/29/1962		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Richard Eaton Dr. Coroner</i>		23b. ADDRESS <i>Remondale Michigan</i>		23c. DATE SIGNED <i>10/29/1962</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Oct. 31-1962</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>		24d. LOCATION (City, village, twp., or county) (State) <i>Vermontville, Mich.</i>	
DATE REC'D BY LOCAL REG. <i>10/30/1962</i>		REGISTRAR'S SIGNATURE <i>Leta Nagle, Clerk</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>George H. Vogt</i>		ADDRESS <i>Nashville, Mich.</i>	

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