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CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. 4

1. PLACE OF DEATH a. COUNTY Eaton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Michigan b. COUNTY Eaton	
b. CITY (If outside corporate limits, write RURAL and give township) Vermontville	c. LENGTH OF STAY (in this place) 40 yrs	c. TOWNSHIP, CITY OR VILLAGE Vermontville	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 East Main (243)		e. STREET ADDRESS (If rural, give location) 243 E. Main	
3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) L. c. (Last) 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 2 1884
9. AGE (In years last birthday) 78		If under 1 Year If under 24 Hrs. Months Days Hours Min. 2 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Banker		10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John N. Barningham	
14. MOTHER'S MAIDEN NAME Mary Ann Welch		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 382-01-2564		17. INFORMANT'S SIGNATURE Mrs. Alice J. Barningham ADDRESS	
18. 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 asthma, etc. It is the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) Arteriosclerotic Heart Disease 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. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Interval Between Onset and Death 2 Min.	
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 (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY	
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 Earl Field (Degree or title) Coroner		23b. ADDRESS Elmhurst, Michigan	
23c. DATE SIGNED 10/29/1962		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 31-1962		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24d. LOCATION (City, village, twp., or county) (State) Vermontville Michigan		25. FUNERAL DIRECTOR'S SIGNATURE George H. Vogt, Nashville, Mich.	
DATE REC'D BY LOCAL REG. 10/30/1962		REGISTRAR'S SIGNATURE Leta Nagle	

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