

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

State File No.

BIRTH No.

Local File No.

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Eaton</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Vermontville</u><br>b. COUNTY <u>Eaton</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>  | c. LENGTH OF STAY (in this place)  | c. TOWNSHIP, CITY OR VILLAGE <u>Vermontville</u>   | d. Is Residence within limits of a city or incorporated village?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #1 Vermontville</u>  |  | e. STREET ADDRESS (If rural, give location) <u>R.R. #1 Vermontville</u>  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>William</u><br>b. (Middle) <u>Mossman</u><br>c. (Last)  | 4. DATE OF DEATH<br>(Month) (Day) (Year)   |  |   |
| 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 <u>Oct 27-1962</u>   |
| 9. AGE (In years last birthday) <u>73</u>  |  | If under 1 Year If under 24 Hrs.<br>Months Days Hours Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Hand</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>  | 11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>   |
| 12. CITIZEN OF WHAT COUNTRY?   |  | 13. FATHER'S NAME  |   |
| 14. MOTHER'S MAIDEN NAME   |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |   |
| 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT'S SIGNATURE ADDRESS  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  |  |   |
| MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)<br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | Interval Between Onset and Death   |   |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.  |  |  |   |
| 23a. SIGNATURE (Degree or title)   |  | 23b. ADDRESS   | 23c. DATE SIGNED  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  | 24b. DATE  | 24c. NAME OF CEMETERY OR CREMATORY   | 24d. LOCATION (City, village, twp., or county) (State)  |
| DATE REC'D BY LOCAL REG.   |  | REGISTRAR'S SIGNATURE  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  |

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