

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

State File No.

BIRTH No.

Local File No.

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Eaton</u> <u>Grand Rapids</u> b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Kent Co.</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				<b>2. USUAL RESIDENCE</b> (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) d. Is Residence within limits a city or incorporated village. Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location)			
<b>3. NAME OF DECEASED</b> a. (First) <u>Harold</u> b. (Middle) <u>Marion</u> c. (Last) <u>Russell</u> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) <u>April</u> (Day) <u>24</u> (Year) <u>1963</u>					
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b>	<b>9. AGE</b> (In years last birthday) <u>47</u> If under 1 year: Months _____ Days _____ If under 24 Hrs.: Hours _____ Min. _____	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		
<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<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>		<b>14. MOTHER'S MAIDEN NAME</b> <u>Viola</u>		<b>15. NAME OF HUSBAND OR WIFE OF DECEASED</b>			
<b>16. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>17. SOCIAL SECURITY NO.</b>		<b>18. INFORMANT'S NAME</b> ADDRESS			
<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, asphyxia, 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>Adenocarcinoma of Rectum</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) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			Interval Between Onset and Death		
<b>19d. DATE OF OPERATION</b>		<b>19e. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<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) (COUNTY) (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 _____, 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.</b>							
<b>23a. SIGNATURE</b> (Degree or title)		<b>23b. ADDRESS</b>		<b>23c. DATE SIGNED</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b>			
<b>24d. LOCATION</b> (City, village, twp., or county) (State)							
<b>DATE REC'D BY LOCAL REG.</b>		<b>REGISTRAR'S SIGNATURE</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS			

MARGIN RESERVED FOR BINDING

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

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537