

CERTIFICATE OF DEATH

State File No. _____

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No. _____

Local File No. _____

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 1.2em;">Eaton County</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <p style="text-align: center; font-size: 1.2em;">Michigan</p> b. COUNTY <p style="text-align: center; font-size: 1.2em;">Eaton</p>	
b. CITY OR VILLAGE <p style="text-align: center; font-size: 1.2em;">Hayes Green Beach Hospital</p>	c. LENGTH OF STAY (in this place) <p style="text-align: center; font-size: 1.2em;">5 days</p>	c. TOWNSHIP, CITY OR VILLAGE (Name of) <p style="text-align: center; font-size: 1.2em;">Charlotte</p>	d. Is Residence within limits of a city or incorporated village? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 1.2em;">Hayes Green Beach Hospital</p>		e. STREET ADDRESS (If rural, give location) <p style="text-align: center; font-size: 1.2em;">Charlotte</p>	

3. NAME OF DECEASED a. (First) (Type or Print) Nick J.	b. (Middle) Vierick	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center; font-size: 1.2em;">April 27, 1963</p>
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years last birthday) 79	If under 1 year Months Days	If under 24 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	15. NAME OF HUSBAND OR WIFE OF DECEASED
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16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	17. SOCIAL SECURITY NO. (If yes, give war or dates of service)	18. INFORMANT'S NAME ADDRESS
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19. 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 failure, asthenia, etc. It means the disease, injury or complication which caused death.	<p style="text-align: center;">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infraction ANTECEDENT CAUSES 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
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19d. DATE OF OPERATION	19e. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
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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)
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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?
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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
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, village, twp., or county) (State)
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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MARGIN RESERVED FOR BINDING

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

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