

# CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

**BIRTH No.**

Local File No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> <b>a. COUNTY</b> <div style="text-align: center;">Eaton County</div>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) <b>a. STATE</b> <div style="text-align: center;">Michigan</div>			<b>b. COUNTY</b> <div style="text-align: center;">Eaton</div>							
<b>b. CITY OR VILLAGE</b> <div style="text-align: center;">Hayes Green Beach Hospital</div>		<b>c. LENGTH OF STAY</b> (in this place) <div style="text-align: center;">5 days</div>		<b>c. TOWNSHIP, CITY OR VILLAGE</b> <div style="text-align: center;">Charlotte</div>		<b>d. Is Residence within limits of a city or incorporated village?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
<b>d. FULL NAME OF HOSPITAL OR INSTITUTION</b> <div style="text-align: center;">Hayes Green Beach Hospital</div>			<b>e. STREET ADDRESS</b> <div style="text-align: center;">Charlotte</div>			(If rural, give location)							
<b>3. NAME OF DECEASED</b> (Type or Print) <div style="text-align: center;">Nick J. Vierick</div>			<b>4. DATE OF DEATH</b> <div style="text-align: center;">April 27, 1963</div>			(Month) (Day) (Year)							
<b>5. SEX</b> <div style="text-align: center;">Male</div>		<b>6. COLOR OR RACE</b> <div style="text-align: center;">White</div>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <div style="text-align: center;">Married</div>		<b>8. DATE OF BIRTH</b>		<b>9. AGE</b> (In years last birthday) <div style="text-align: center;">79</div>		If under 1 year Months Days Hours Min.			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <div style="text-align: center;">Farmer</div>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <div style="text-align: center;">Farming</div>			<b>11. BIRTHPLACE</b> (State or foreign country)			<b>12. CITIZEN OF WHAT COUNTRY?</b>				
<b>13. FATHER'S NAME</b>			<b>14. MOTHER'S MAIDEN NAME</b>			<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)			<b>17. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service)			<b>18. INFORMANT'S NAME</b>			<b>ADDRESS</b>				
<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, asthenia, 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> <div style="text-align: center;">Acute Myocardial Infraction</div> <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)</b>			<b>(COUNTY)</b>			<b>(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>			<b>ADDRESS</b>				

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

MARGIN RESERVED FOR BINDING

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