BIRTH No.

1. PLACE OF DEATH a. COUNTY

CED	TIFIC	TATE	OF	DEATH	
CLIX	TILIC	AIL	Or	DEATH	

		CERTIFICATE OF DEATH			State File No.			
MICHIGAN DEP								
	RTH No. Vital Records S				AND THE CO. ST. SEC. ST. SEC. ST. SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC			
PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE a. STATE	(Where deceased liv		residence before admission		
	County		Michigar		Eaton			
b. CITY (If outside corporate limits, write RURAL and give of township) VILLAGE Hayes Green Beach Hospital.5day			C. TOWNSHIP, CITY OR VILLAGE	(Name of)		s Residence within limits city or incorporated village Yes No		
d. FULL NAME OF (If not HOSPITAL OR INSTITUTION	in hospital or institution	a, give street address or location)	6. STREET ADDRESS	12110000	(If rural, give le	ocation)		
на		each Hospital	Charlot					
NAME OF a. (DECEASED	First)	b. (Middle)	c. (Last) 4.	DATE OF	(Month)	(Day) (Year)		
		erick		DEATH Apri				
	or or RACE 7. MA	ARRIED, NEVER MARRIED, IDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH			der 1 year If under 24 Hr B Days Hours Min		
. USUAL OCCUPATION (Coduring most of working liner Farmer		KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE	(State or foreign cou	ntry) 12. CITIZE	N OF WHAT COUNTRY?		
FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	MF	1 15. NAME	OF HUSBAND OR V	WIFE OF DECEASED		
TATILE O NAME		14. MOTHER O MAIDER HAN		10. 11.	0. 11002/1112 011			
WAS DECEASED EVER IN	III C ADMED FORCES	1 17 COOLAL CECURITY NO	18. INFORMANT	IC NAME		ADDRESS		
no, or unknown) (If yes		vice) 17. SOCIAL SECURITY NO.	IS. INFORMANT	3 NAME		ADDRESS		
CAUSE OF DEATH		MEDICAL	CERTIFICATION			Interval Between Onset and Death		
	I. DISEASE OR CONDITI	on Acute 1	Myocardial	Infraction		Onset and Death		
nter only one cause per ne for (a). (b). and (c)	DIRECTLY LEADING T	O DEATH*(a)	Joodt alai			-		
	ANTECEDENT CAUSES							
This does not mean the	Morbid conditions, if	any, giving DUE TO (b)						
e of dying, such as heart ire, asthenia, etc. It	rise to the above cause	se (a) stating						
ns the disease, injury or plication which caused	the underlying cause							
h.	II OTUED CICNIFICANT	DUE TO (c)						
	II. OTHER SIGNIFICANT Conditions contributing	to the death but not or condition causing death.						
	loigran to tile nisease							
DATE OF OPERATION	19e. MAJOR FINDINGS					20. AUTOPSY?		
DATE OF OPERATION								
	19e. MAJOR FINDINGS (DF OPERATION				Yes No		
ACCIDENT (Specify SUICIDE HOMICIDE	19e. MAJOR FINDINGS (DF OPERATION	1c. (CITY, VILLAGE, OR	TOWNSHIP)	(COUNTY)			
ACCIDENT (Specify SUICIDE HOMICIDE TIME (Month) (Da	19e. MAJOR FINDINGS (21b. PLACI home, farm,	E OF INJURY (e.g., in or about 2 factory, street, office bldg., etc.)	11c. (CITY, VILLAGE, OR		(COUNTY)	Yes No		
ACCIDENT (Specify SUICIDE HOMICIDE	19e. MAJOR FINDINGS (21b. PLACI home, farm,	E OF INJURY (e.g., in or about factory, street, office bldg., etc.)			(COUNTY)	Yes No		
ACCIDENT (Specify SUICIDE HOMICIDE TIME (Month) (Da OF INJURY	y) 21b. PLAC home, farm. y) (Year) (Hour) m.	E OF INJURY (e.g., in or about factory, street, office bldg., etc.) 21e. INJURY OCCURRED While at Not While Work Work	1f. HOW DID INJURY O	CCUR?		Yes No (STATE)		
ACCIDENT (Specify SUICIDE HOMICIDE TIME (Month) (Da OF INJURY	y) 21b. PLAC home, farm, y) (Year) (Hour) m. ended the deceased from	E OF INJURY (e.g., in or about factory, street, office bldg., etc.) 21e. INJURY OCCURRED While at Work 21 21 21 21 21 21 21 2		CCUR?	19, that	Yes No (STATE)		
ACCIDENT (Specify SUICIDE HOMICIDE TIME (Month) (Da OF INJURY	19e. MAJOR FINDINGS (7) 21b. PLAC	E OF INJURY (e.g., in or about factory, street, office bldg., etc.) 21e. INJURY OCCURRED While at Work at Work , 19 41d that death occurred at	1f. HOW DID INJURY O	CCUR?	19, that I lises and on the date	Yes No (STATE) (STATE) ast saw the deceased ally stated above.		
ACCIDENT (Specify SUICIDE HOMICIDE TIME (Month) (Da OF	19e. MAJOR FINDINGS (7) 21b. PLAC	E OF INJURY (e.g., in or about factory, street, office bldg., etc.) 21e. INJURY OCCURRED While at Work 21 21 21 21 21 21 21 2	1f. HOW DID INJURY O	CCUR?	19, that I lises and on the date	Yes No (STATE)		
ACCIDENT (Specify SUICIDE HOMICIDE TIME (Month) (Da OF INJURY I hereby certify that I attempt	19e. MAJOR FINDINGS (7) 21b. PLAC	E OF INJURY (e.g., in or about factory, street, office bldg., etc.) 21e. INJURY OCCURRED While at Work at Work , 19 41d that death occurred at	1f. HOW DID INJURY OF	CCUR?	19, that I lises and on the date	Yes No (STATE) (STATE) ast saw the deceased ally stated above.		

DECEASED (Type or Prin	nt) Nick J.	Vierick	G.	OF DE		27, 196	3	, (16	281)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRI WIDOWED, DIVORCED (ED, Specify) 8. DAT	E OF BIRTH	9. AGE (In y last birthday	Months	Days	If under Hours	
	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR Farming	INDUSTRY 11.	BIRTHPLACE (S	tate or foreign country)	12. CITIZEN	OF WHAT	COUNTR	RY?
13. FATHER'S NAME		14. MOTHER'S	MAIDEN NAME		15. NAME OF H	USBAND OR W	IFE OF DE	CEASED	
	EVER IN U.S. ARMED FOR		URITY NO.	18. INFORMANT'S	NAME			ADDRESS	
failure, asthenia, etc. It means the disease, injury or complication which caused doath.		medical certification condition DING TO DEATH*(a) Acute Myocardial Infraction					Interval Between Onset and Death		
		ons, if any, giving DUE TO (b) ve cause (a) stating							
19d. DATE OF OPER	ATION 190. MAJOR FIN	DINGS OF OPERATION					Yes		ro 🔲
21a. ACCIDENT SUICIDE HOMICIDE		. PLACE OF INJURY (e.g., in farm, factory, street, office bl		Y, VILLAGE, OR TO	WNSHIP)	(COUNTY)		(STATE)	
21d. TIME (Month OF INJURY	n) (Day) (Year) (Hour) 21e. INJURY OCCUR While at Not W Work at We		DID INJURY OCC	JR?				
22. I hereby certify t		d from , and that death occurred							ad alive
23a. SIGNATURE		(Degree or title)	23b. ADDRESS			23c. DATE			
24a. BURIAL, CREMA REMOVAL (S	TION, 24b. DATE pecify)	E 24c. NAME OF CEMETERY OR CREMATORY		CREMATORY	Y 24d. LOCATION (City, village, twp., or county) (St				
DATE REC'D BY LOCA	AL REG. REGISTRAR'S S	SIGNATURE	25 1	UNFRAL DIRECTOR	'S SIGNATURE		ADDRESS		

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