

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

State File No.

Local File No. 2

BIRTH No.

1. PLACE OF DEATH a. COUNTY <u>Caton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Michigan</u> b. COUNTY <u>Caton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u>		c. LENGTH OF STAY (in this place) <u>4 years</u>	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 <u>135 W. First Street</u>		e. STREET ADDRESS (If rural, give location) <u>135 W. First St.</u>	
3. NAME OF DECEASED (Type or Print) <u>George W. Humphrey</u>		c. (Last)	4. DATE OF DEATH (Month) <u>October</u> (Day) <u>16</u> (Year) <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 5-1893</u>
9. AGE (In years last birthday) <u>70</u>		If under 1 Year: Months <u>8</u> Days <u>8</u> Hours <u>8</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mich Bell Telephone Co</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>England</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Unknown</u>	
14. MOTHER'S MAIDEN NAME <u>Unknown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>	
16. SOCIAL SECURITY NO. <u>363-07-3000</u>		17. INFORMANT'S SIGNATURE <u>Florence C. Humphrey</u> ADDRESS <u>Vermontville</u>	
18. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Ruptured Aortic Aneurysm</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> <u>years</u> DUE TO (c) <u>Generalized Atherosclerosis</u> <u>years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvular Heart Disease</u>		Interval Between Onset and Death <u>Hours</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SUICIDE</u>		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 (Month) (Day) (Year) (Hour) (Min.)		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 <u>Sept. 3</u> , 19 <u>63</u> , to <u>Oct. 16</u> , 19 <u>63</u> , 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) <u>Roger A. Burdette D.O.</u>		23b. ADDRESS <u>310 W. Main</u> <u>Vermontville, Michigan</u>	
23c. DATE SIGNED <u>Oct. 18, 1963</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 19, 1963</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodlaw Cemetery</u>		24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville, Michigan</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 19, 1963</u>		REGISTRAR'S SIGNATURE <u>Leta Nagle</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. H. Vogt</u>		ADDRESS <u>Nashville, Mich.</u>	

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

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