

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

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. 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>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 16 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>
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>	9. AGE (In years last birthday) If under 1 Year If under 24 Hrs. <u>70</u> Months <u>8</u> Days <u>8</u> Hours <u></u> Min. <u></u>
13. FATHER'S NAME <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO. <u>363-07-3000</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</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, asthenia, 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>		Interval Between Onset and Death <u>Hours</u>	
ANTECEDENT CAUSES Morbid 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>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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)	
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?	
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. Borsetti R.O.</u>		23b. ADDRESS <u>310 W. Main 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>Woodlawn Cemetery</u>	24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville, Michigan</u>
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>Oct. 19, 1963 Leta Nagle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. H. Vogt, Nashville, Mich.</u>	

MARGIN RESERVED FOR BINDING IN BLACK INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

539