

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No.

1. PLACE OF DEATH a. COUNTY <u>Paton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Michigan</u> b. COUNTY <u>Benzie</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u>	c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. TOWNSHIP, CITY OR VILLAGE <u>Frankfort</u>	d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>257 Maple St.</u>		e. STREET ADDRESS (If rural, give location) <u>257 Maple Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Lizzie Crosby</u>		4. DATE OF DEATH <u>February 21 - 1964</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 17 - 1881</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Roman Lites</u>		14. MOTHER'S MAIDEN NAME <u>Lizzie Marsh</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>365-10-6333</u>	
17. INFORMANT'S SIGNATURE <u>Ph. Smith</u>		18. ADDRESS <u>Nashville, Mich</u>	
MEDICAL CERTIFICATION			
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> Interval Between Onset and Death <u>Many</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Generalized Arteriosclerosis</u> <u>Years</u> 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.			
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) (Minute)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:20 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Donald Burkhead, Coroner</u>		23b. ADDRESS <u>Charlotte, Michigan</u>	
23c. DATE SIGNED <u>2-21-1964</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 24 - 1964</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Crystal Cemetery</u>		24d. LOCATION (City, village, twp., or county) (State) <u>Frankfort, Mich.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 24 - 1964</u>		REGISTRAR'S SIGNATURE <u>George H. Vogt</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Vogt</u>		ADDRESS <u>Nashville, Mich.</u>	

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