

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. 2

1. PLACE OF DEATH a. COUNTY <u>Eaton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MICHIGAN</u> b. COUNTY <u>EATON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>VERMONTVILLE</u>		c. TOWNSHIP, CITY OR VILLAGE <u>VERMONTVILLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>218 W. Main St.</u>		e. STREET ADDRESS <u>218 W. Main St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>MAUDE</u> c. (Last) <u>HAGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 23 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>June 28-1964</u>
9. AGE (In years last birthday) <u>78</u>		10. If under 1 Year If under 24 Hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	
11. BIRTHPLACE (State or foreign country) <u>Suffield Twp.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Oscar Morgan</u>		14. MOTHER'S MAIDEN NAME <u>Emma Dunbar</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE <u>Mrs. Phillis K. Spatack</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.		MEDICAL CERTIFICATION Interval Between Onset and Death <u>10 min</u> <u>10 years</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Hemorrhage</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u>			
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 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) (Minute) <u>3:15 P.M.</u>		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>10/10</u> , 19 <u>60</u> , to <u>4/22</u> , 19 <u>64</u> , that I last saw the deceased alive on <u>3:15 P.M.</u> , and that death occurred at <u>3:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R.E. White D.O.</u>		23b. ADDRESS <u>Nashville, Mich.</u>	
23c. DATE SIGNED <u>4/24/64</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/27/64</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenview Cemetery</u>		24d. LOCATION (City, village, twp., or county) (State) <u>Suffield Twp Mich.</u>	
DATE REC'D BY LOCAL REG. <u>4/26/64</u>		REGISTRAR'S SIGNATURE <u>Leta Hager</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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541