

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No.

Local File No. 3

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 OR VILLAGE <u>Vermontville</u> c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. TOWNSHIP (Name of) <u>Vermontville</u> d. Is Residence within 1 mi. of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>243 East Main St.</u>		e. STREET ADDRESS (If rural, give location) <u>243 East Main Street</u>	
3. NAME OF DECEASED a. (First) <u>ARTHUR L. BARNINGHAM</u> b. (Middle) <u></u> c. (Last) <u></u>		4. DATE OF DEATH (Month) <u>October</u> (Day) <u>29</u> (Year) <u>1962</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>July 21-1884</u>
9. AGE (In years last birthday) <u>78</u>		If under 1 year: Months <u>2</u> Days <u>27</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Barningham</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Ann Welch</u>		15. NAME OF HUSBAND OR WIFE OF DECEASED <u>Mrs. Alice Barningham</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. <u>382-2566</u>	
18. INFORMANT'S NAME <u>Mrs. Alice Barningham</u>		ADDRESS <u></u>	
19. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19d. DATE OF OPERATION		19e. 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.) <u></u>	
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u> m. <u></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></u> , 19 <u></u> , to <u></u> , 19 <u></u> , that I last saw the deceased alive on <u></u> , 19 <u></u> , and that death occurred at <u>10:20 PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edm. County</u>		23b. ADDRESS <u>Windsor Michigan</u>	
23c. DATE SIGNED <u>10/29/1962</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 31-1962</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville Mich.</u>	
DATE REC'D BY LOCAL REG. <u>10/30/1962</u>		REGISTRAR'S SIGNATURE <u>John H. V. H. H. H.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. V. H. H.</u>		ADDRESS <u></u>	

MARGIN RESERVED FOR BINDING

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

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