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STATE OF MICHIGAN  
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

## CERTIFICATE OF DEATH

0340358

## DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION,  
SEE MANUAL  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS.CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST.CAUSE OF  
DEATH

## CERTIFIER

## DISPOSITION

B-36a  
(1/81)

DECEDENT NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (Mo., Day, Yr.)
1. <u>WILMA Lou FAUST</u>			<u>FEMALE</u>	3 <u>Feb. 21-1982</u>
RACE (e.g., White, Black, American Indian, etc.) (Specify)	AGE-Last Birthday (Yrs.)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS.	DATE OF BIRTH (Mo., Day, Yr.)
4. <u>WHITE</u>	5a. <u>53</u>	5b.	5c.	6 <u>MARCH 8-1928</u>
LOCATION OF DEATH (Check one and specify)		HOSPITAL OR OTHER INSTITUTION-Name (If not in either, give street and number)		
<input checked="" type="checkbox"/> INSIDE CITY LIMITS OF: <input type="checkbox"/> INSIDE VILLAGE LIMITS OF: <input type="checkbox"/> TWP. OF:		7c. <u>PENNOCK HOSPITAL</u>		
7b.	STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
8. <u>MICHIGAN</u>	9. <u>U.S.A.</u>	10. <u>MARRIED</u>	11. <u>JAMES FAUST</u>	12. <u>NO</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY
13. <u>372-26-4321</u>		14a. <u>HOUSEWIFE</u>		14b. <u>HOUSEKEEPER</u>
CURRENT RESIDENCE-STATE COUNTY		LOCALITY (Check one and specify)	STREET AND NUMBER	
15. <u>MICHIGAN</u> 15b. <u>EATON</u>		<input type="checkbox"/> INSIDE CITY LIMITS OF <input checked="" type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP. OF	15d. <u>VERMONTVILLE</u> 15d. <u>485 W. 3rd</u>	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-MAIDEN NAME FIRST MIDDLE LAST		
16. <u>ANGUST V. MEYERS</u>		17. <u>FERN WALKER</u>		
INFORMANT		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP		
18a. (Signature) <u>JAMES FAUST</u>		18b. <u>485 W. 3rd VERMONTVILLE MICH 49096</u>		
19. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
PART I				
(a) <u>Acute respiratory failure</u> Minutes.				
DUE TO, OR AS A CONSEQUENCE OF:				
(b) <u>Acute bronchospasm</u> 1 hour				
DUE TO, OR AS A CONSEQUENCE OF:				
(c) <u>ASTHMA</u> Years.				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause given in PART I				
AUTOPSY (Specify Yes or No) 20. <u>YES</u> WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) 21. <u>NO</u>				
PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify)		IF HOSP. OR INST., indicate DOA, OP/Emer. Rm., Inpatient (Specify)		
22a. <u>HOSPITAL</u>		22b. <u>EMER. RM.</u>		
23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				
(Signature and Title) <u>Robert Schurmer M.D.</u>				
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
23b. <u>February 22, 1982</u>		23c. <u>12:01 A.M.</u>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
23d. <u>THOMAS MYERS, M.D.</u>				
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print)				
25. <u>Robert Schurmer 1005 West Green Street Hastings Michigan 49058</u>				
ACC. SUICIDE, HOM., NATURAL OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY
26a. <u>NATURAL</u>		26b.		26c.
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		LOCATION
26e.		26f.		26g.
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY-NAME		LOCATION
27a. <u>BURIAL</u>		27b. <u>OAK HILL CREMATORY</u>		27c. <u>BATTLE CREEK MICHIGAN</u>
DATE (Mo., Day, Yr.)		NAME OF FACILITY		ADDRESS OF FACILITY
27d. <u>FEB. 24-1982</u>		28a. <u>VOGT FUNERAL HOME</u>		28b. <u>204 QUEEN NASHVILLE MICHIGAN</u>
FUNERAL SERVICE LICENSEE (Signature)		REGISTRAR (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
28c. <u>George A. Vot</u>		29a. <u>Nancy Baersma Dep</u>		29b. <u>February 22, 1982</u>

STATE OF MICHIGAN)

(ss

COUNTY OF BARRY)

(SEAL)

I, Norval E. Thaler, Clerk of the County of Barry and of the Circuit Court thereof, the same being a Court of Record having a Seal, do hereby certify that the above is a true and correct copy of the record thereof, on file in my office. Signed and sealed at Hastings, Michigan.

This.....22.....day of.....February....., 1982.

NORVAL E. THALER, Barry County Clerk

BY:.....Nancy Baersma.....Deputy Clerk.