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STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
2661557

For use by physician or institution

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CERTIFICATION

CAUSE OF DEATH

MEDICAL EXAMINER

DCH-0483.10/03

1. DECEDENT'S NAME (First, Middle, Last) Mary E. Marlowe		2. DATE OF BIRTH (Month, Day, Year) November 9, 1917		3. SEX Female		4. DATE OF DEATH (Month, Day, Year) April 5, 2006			
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any) Mary E. Rathburn				6a. AGE - Last Birthday (Years) 88		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) Thornapple Manor				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Hastings				7c. COUNTY OF DEATH Barry	
8a. CURRENT RESIDENCE - STATE MI		8b. COUNTY Eaton		8c. LOCALITY (check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE (include limits of) Vermontville		8d. STREET AND NUMBER (Include Apt. No. if applicable) 2764 N. Ionia Rd			
9. ZIP CODE 49096		10. BIRTHPLACE (City and State or Country) Gulf Port, MS		10. SOCIAL SECURITY NUMBER 364-20-6646		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? 12th Grade			
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) White		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe English		13b. HISPANIC ORIGIN (Yes or No) No		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (yes or no) NO			
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. Homemaker		16. KIND OF BUSINESS OR INDUSTRY Own Home		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		18. NAME OF SURVIVING SPOUSE (if wife, give name before first married)			
19. FATHER'S NAME (First, Middle, Last) Clyde Rathburn				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Irene Collins					
21a. INFORMANT'S NAME (Type/Print) Doris Benton		21b. RELATIONSHIP TO DECEDENT Daughter		21c. MAILING ADDRESS (Street and Number or Rural Route Number; City or Village, State, Zip Code) 2764 N. Ionia Rd. Vermontville, MI 49096					
22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Repeal, Storage (Specify) Cremation		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) Central Michigan Crematory				23b. LOCATION - City or Village, State Battle Creek, MI			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE 		25. LICENSE NUMBER (of Licensee) 7072		26. NAME AND ADDRESS OF FUNERAL FACILITY Daniels Funeral Home 9200 E. M79 Highway Nashville, MI 49073					
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title: Dr. James Weatherhead		28a. ACTUAL OR PRESUMED TIME OF DEATH 4:25 am M		28b. PRONOUNCED DEAD ON (Mo. Day Yr.) April 5, 2006		28c. TIME PRONOUNCED DEAD 4:25 AM M			
29. MEDICAL EXAMINER CONTACTED? (Yes or No) No		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Nursing Home		31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify)					
27b. DATE SIGNED (Mo. Day Yr.) 4-10-06		27c. LICENSE NUMBER 14301032093		32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Dr. James Weatherhead MD 1005 W. Green Street Hastings, MI. 49058									
35a. REGISTRAR'S SIGNATURE 				35b. DATE FILED (Month, Day, Year) April 10, 2006					
36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute pulmonary edema DUE TO (OR AS A CONSEQUENCE OF) b. Systemic Hypertension DUE TO (OR AS A CONSEQUENCE OF) c. uro Sepsis DUE TO (OR AS A CONSEQUENCE OF) d. Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. ASVD, CAD, Parkinsonism, Anxiety Depression									
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year							
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) No					
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY M		41c. DESCRIBE HOW INJURY OCCURRED					
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No. City, Village or Twp. State			

STATE OF MICHIGAN)
COUNTY OF BARRY)

I, DEBBIE S. SMITH, CLERK OF THE COUNTY OF BARRY AND OF THE CIRCUIT COURT, THE SAME BEING THE COURT OF RECORD HAVING A SEAL DO HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN MY OFFICE.

THIS 10th DAY OF April 2006

BY:
DEBBIE S. SMITH, COUNTY CLERK

Shot I lot 14
buried ashes
7/29/06