

0003519

LF U-414
CF _____STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

0711529

TYPE/PRINT
IN
PERMANENT
BLACK INKNAME OF DECEDENT
FOR USE BY PHYSICIAN OR INSTITUTION

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

MEDICAL EXAMINER

1. DECEDENT'S NAME (First, Middle, Last) Murlene K. Burdick				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) Jan. 18, 1993	
4a. AGE - Last Birthday (Years) 82		4b. UNDER 1 YEAR MONTHS: _____ DAYS: _____		4c. UNDER 1 DAY HOURS: _____ MINUTES: _____		5. DATE OF BIRTH (Month, Day, Year) July 21, 1910	
6. COUNTY OF DEATH Mecosta				7. CITY, VILLAGE, OR TOWNSHIP OF DEATH Big Rapids			
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) Greenridge Nursing Home				7b. IF HOSP. OR INST. Inpatient, Outpatient, Room, SOA (Specify) Inpatient		7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH Big Rapids	
8. SOCIAL SECURITY NUMBER 464-28-5401				9a. USUAL OCCUPATION (Give kind of work done if "not most of working life. Do not use retired") Labor		9b. KIND OF BUSINESS OR INDUSTRY Factory	
10a. CURRENT RESIDENCE - STATE Mi.		10b. COUNTY Mecosta		10c. LOCALITY (Check one box and specify) ☐ INSIDE CITY OR VILLAGE OF ☒ TWP. OF Wheatland		10d. STREET AND NUMBER 8436 30th Ave.	
10e. ZIP CODE 49340		11. BIRTHPLACE (City and State or Foreign Country) Ithica, Mi.		12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		13. SURVIVING SPOUSE (If wife, give name before first married) Elzina Sanders	
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) no				15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chinese, Other Hispanic, Asian American, Arab, English, French, Finnish, etc. (Specify below) English			
16. RACE - American Indian, Black, White, etc. If Asian, give nationality, e.g., Chinese, Filipino, Indian, Korean, etc. (Specify below) White				17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12			
18. FATHER'S NAME (First-Middle, Last) Frank Conklin				19. MOTHER'S NAME (First-Middle, Last) Elzina Sanders			
20a. INFORMANT'S NAME (Type/Print) Delores Doerr				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 506 E. Miller, Lansing, Mi. 48911			
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) Burial				22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Wambolt Cemetery		22b. LOCATION - City or Village, State Remus, Mi.	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Larry J. Hansen</i>				24. LICENSE NUMBER (If Licensee) 5424		25. NAME AND ADDRESS OF FACILITY Crittenden-Hansen Funeral Home 469 W. Wheatland, Remus, Mi. 49340	
26. PART I: Enter the disease, injury, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition immediately resulting in death) a. Chronic Lymphocytic Leukemia Years b. Urosepsis Days c. CVA Years d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____							
27a. WAS AN AUTOPSY PERFORMED? (Yes or No) no				27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Nursing Home				29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) no			
30a. To the best of my knowledge, death occurred at _____ date and place and due to the cause(s) stated. (Signature and Title) 1/20/93 30b. DATE SIGNED (Mo., Day, Yr.) 6:25 P M 30c. TIME OF DEATH 30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				31a. (Check one only) ☐ The case reviewed and determined not to be a medical examiner's case. ☐ On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) 31b. DATE SIGNED (Mo., Day, Yr.) 31c. CASE NUMBER 31d. PRONOUNCED DEAD (Mo., Day, Yr.) 31e. TIME OF DEATH M			
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) Robert Huxol D.O. 722 Locust, Big Rapids, Mi. 49307				32b. LICENSE NUMBER 006973			
33a. ACC. SUICIDE, HOMICIDE, NATURAL OR PENDING INVEST (Specify) Natural				33b. DATE OF INJURY (Mo., Day, Yr.) -			
33c. TIME OF INJURY -				33d. DESCRIBE HOW INJURY OCCURRED			
34a. INJURY AT WORK (Specify Yes or No)				34b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
34c. LOCATION - Street or R.F.D. No. City, Village or Twp. State				34d. REGISTERER'S SIGNATURE <i>Ruth D. Hansen</i>			
34e. DATE FILED (Month, Day, Year) January 20, 1993							

B-30
Rev. 1/90

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VRHDSS11 (12/12) Authority: MCL 333.2882

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.