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STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

0020656
STATE FILE NUMBER

CERTIFICATE OF DEATH

DECEDENT NAME 1. Kelina 2. Dunklin		SEX 3. Female	DATE OF DEATH (Mo., Day, Yr.) 4. April 20, 1980
RACE (Ind. or, unless stated otherwise, all are white) 5. White	AGE (Year, Month, Day) 6. 88	EDUCATION (Year) 7. 56	DATE OF BIRTH (Mo., Day, Yr.) 8. Sept. 2, 1891
COUNTY OF DEATH 9. Alcona	CITY OR VILLAGE 10. Alcona	HOSPITAL OR OTHER INSTITUTION (Name of institution and location) 11. Wilcox Nursing Home	
CITIZENSHIP 12. Michigan	COUNTRY 13. USA	MARRIED (Never married, widowed, divorced, remarried) 14. Widowed	WAS DECEASED EVER IN U.S. ARMED SERVICES (Specify year or years) 15. No
SOCIAL SECURITY NUMBER 16. 377-26-7221A	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 17. Sales Clerk	KIND OF BUSINESS OR INDUSTRY 18. Department Store	
CURRENT RESIDENCE-STATE 19. Michigan	COUNTY 20. Gratiot	LOCALITY (Check one and specify) 21. Arcadia	STREET AND NUMBER 22. 1246 E. Jerome Rd.
FATHER'S NAME 23. Melvorn	MOTHER'S NAME 24. Sanders	MOTHER-MAIDEN NAME 25. Martha Jane Miles	
INFORMANT 26. Martha Jane Miles			
Mailing Address 27. 1246 E. Jerome St. Ithaca, Mich. 48847			
CAUSE OF DEATH 28. Congestive heart failure 29. Myocarditis 30. 7 days 31. years			
PART B: OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not reported as causes in Part A) 32. None			
AUTOPSY (Specify Yes or No) 33. No			
WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) 34. No			
PLACE OF DEATH (Home, Nursing Home, Hospice, etc.) 35. Nursing Home	IF HOSPICE OR NURSING HOME, INDICATE DATE OF ADMISSION 36. 224	37. On the basis of information and investigation, it was reported death occurred at the time, date and place and due to the causes stated.	
38. Signature and Title: J.W. Hedges M.D.			
DATE SIGNED (Mo., Day, Yr.) 39. 4-21-80			
HOUR OF DEATH 40. 2:36 A.M.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN DEATHER (Type or Print) 41. J.W. Hedges M.D.			
NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type or Print) 42. J.W. Hedges M.D.			
DATE OF INJURY (Mo., Day, Yr.) 43. None			
HOUR OF INJURY 44. None			
DESCRIBE HOW INJURY OCCURRED 45. None			
PLACE OF INJURY (If home, give street, city, county, state; if other, specify) 46. None			
LOCATION (Specify on map, no. or name of town, city or township, state) 47. None			
MANNER OF DEATH (Natural, Accident, Suicide, Homicide, Unknown) 48. Natural			
MORAL, CREMATION, REMOVAL, OTHER (Specify) 49. Burial			
CEMETERY OR CREMATORY NAME 50. Ithaca Cemetery			
LOCATION 51. Ithaca, Michigan			
ADDRESS OF FACILITY 52. 225 W. Center St. Ithaca, Mich.			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 53. April 22, 1980			

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VRHDS11 (12/12) Authority: MCL 333.2882

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.