

LF A-98

OF

0108893



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

0020656

STATE FILE NUMBER

CERTIFICATE OF DEATH

DECEASED NAME FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (Mo., Day, Yr.)	
Kling		Donklin				Female		April 20, 1980	
RACE (e.g., White, Black, American Indian, etc.) (Specify)		AGE - Last Birthday (Yr.)		LIVES 7 YEARS		LIVES 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)	
White		88						Sept. 2, 1891	
LOCATION OF DEATH (Place and address)		CITY OR TOWNSHIP OF		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name of inst. or address of inst. and location)			
Alma				Gratiot		Wilcox Nursing Home			
STATE OF BIRTH (State or U.S. Possession)		CITY OF BIRTH (City or U.S. Possession)		MARRIED (Specify)		SUPPORTING SPOUSE (If wife give husband name)		WAS DECEASED EVER IN U.S. ARMED FORCES (Specify Yr. or Mo.)	
Michigan		USA		Widowed		None		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if changed)		KIND OF BUSINESS OR INDUSTRY		STREET AND NUMBER			
377-26-9221A		Sales Clerk		Department Store					
CURRENT RESIDENCE - STATE		CITY		LOCALITY (Place and address)		STREET AND NUMBER			
Michigan		Gratiot		Arcada		1246 N. Jerome Rd.			
FATHER'S NAME FIRST		MIDDLE		LAST		MOTHER - MARRY NAME FIRST		MIDDLE	
Melvorn		Sanders				Martha		Jane Wilos	
DECEASED		MAILING ADDRESS		CITY OR TOWNSHIP		STATE		ZIP	
1246 N. Jerome Rd.		Ithaca		Mi.		48847			
IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c))		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF	
Congestive heart failure		Myocarditis						7 days	
								years	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not listed as direct cause or cause)		ALTOGETHER (Specify Yr. or Mo.)		WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yr. or Mo.)					
		No		No					
PLACE OF DEATH (Home, Nursing Home, Hospital, etc.) (Specify)		Nursing Home		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
		4-21-80		2:36 A.M.					
NAME OF ATTENDING PHYSICIAN (Type or Print)		J. W. Hedges M.D.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type or Print)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
NATURAL		PLACE OF INJURY - If home, farm, other facility, other		LOCATION		SPECIES OR SPECIES NO.		TYPE, EXTENT OF DAMAGE	
MORAL CREATION, REMOVAL, OTHER		CEMETERY OR CREMATIONARY NAME		LOCATION		CITY, TOWNSHIP, OR TOWNSHIP		STATE	
Burial		Ithaca Cemetery		Ithaca		Michigan			
DATE (Mo., Day, Yr.)		NAME OF FACILITY		ADDRESS OF FACILITY		CITY, TOWNSHIP, OR TOWNSHIP		STATE	
April 22, 1980		Garden Funeral Home		225 W. Center St. Ithaca, Mich.					
SIGNATURE OF PHYSICIAN		SIGNATURE OF CERTIFIER		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)					
J. W. Hedges		C. M. Smith		April 22, 1980					

SP04756850

VRHDS11 (12/12) Authority: MCL 333.2882

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.