

715770

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No. **188**
Local File No. **238**

BIRTH No.

1. PLACE OF DEATH a. COUNTY Van Buren		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission.) a. STATE Indiana		b. COUNTY Lake		
b. CITY (if outside corporate limits, write RURAL, and give townships) Porter Township		c. LENGTH OF STAY (in this place) 1 day		6. TOWNSHIP, CITY OR VILLAGE (Name of) E. Chicago		
d. FULL NAME OF HOSPITAL OR INSTITUTION Sandy Beach, Gravel Lake		e. STREET ADDRESS (If rural, give location) 508 Grove Street				
3. NAME OF DECEASED (Type or Print) a. (First) Essie			b. (Middle) A.		c. (Last) Hansen	
4. DATE OF DEATH (Month) (Day) (Year) October 30, 1965						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		
8. DATE OF BIRTH 7-25-96		9. AGE (In years last birthday) 69		10. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pennsylvania		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Gustav Shager		14. MOTHER'S MAIDEN NAME Hilda Bostron		
15. NAME OF HUSBAND OR WIFE OF DECEASED Nels		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. 312-10-0198		
18. INFORMANT'S NAME Evelyn Hansen, E. Chicago, Ind		ADDRESS				
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Natural causes Probable acute coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Interval between Onset and Death minutes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Deputy Medical Examiner , 19 65 , that I last saw the deceased alive on 2:50 A. , and that death occurred at 2:50 A. , from the causes and on the date stated above.						
23a. SIGNATURE A. E. Parks, M. D.		23b. ADDRESS Lawton, Michigan		23c. DATE SIGNED 10-30-65		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-1-65		24c. NAME OF CEMETERY OR CREMATORY Calumet Park		
24d. LOCATION (City, village, tow., or county) (State) Crown Point, Indiana		DATE REC'D BY LOCAL REG. 11-1-65				
REGISTRAR'S SIGNATURE Rex S. Martin		25. FUNERAL DIRECTOR'S SIGNATURE Garth Prindle, Lawton, Michigan				

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD

FILED

I certify that I have compared this copy with the record on file in this office and that it is a correct copy of the whole of such record. Paw Paw, Van Buren County, Michigan.

JUL 8 1965

Louis O. Prindle
AUDITOR LAKE COUNTY

Shirley K. Jackson
Van Buren County Clerk

June 9 1983
DATE

STATE OF INDIANA
FILED IN
JUL 11 1 39 PM '65
WILLIAM BILSON JR
RECORDER

Mark Sub. Lt. 163
38-449-5

Garth Prindle
DEPUTY CLERK

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