

92069876

I, M. LOUISE STINE, Clerk of the County of Berrien, Clerk of the Circuit Court of said County, the same being a Court of Record and having a seal, do hereby certify that I have compared the below copy with the record thereof now remaining in my office and have found it to be a true copy.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have affixed the Seal of said Circuit Court at St. Joseph,

this 24th day of NOV. A.D. 1991

M. LOUISE STINE
COUNTY CLERK

Toni Fulton
DEPUTY CLERK

STATE OF MICHIGAN
LAKE COUNTY
FILED FOR RECORD
NOV 11 1 34 PM '91

LF 1285

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
0437718



HOLTZ Johnson Sr.
NAME OF DECEDENT FOR USE BY PHYSICIAN OR INSTITUTION

KEY 45-363-45
LOGAN PARK AOD
LOT 46 BL 4
EX N. 18 INCHES OF
E 40 FT.

CAUSE OF DEATH

CERTIFIER

MEDICAL EXAMINER

1 DECEDENT'S NAME (First, Middle, Last) HOLTZ JOHNSON, SR.				2 SEX MALE	3 DATE OF DEATH (Month, Day, Year) November 8, 1991	
4a AGE - Last Birthday (years) 69	4b UNDER 1 YEAR MONTHS DAYS	4c UNDER 1 DAY HOURS MINUTES	5 DATE OF BIRTH (Month, Day, Year) FEBRUARY 14, 1922	6 COUNTY OF DEATH Berrien		
7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) Mattix Geriatric Center			7b IF HOSP OR INST Inpatient, Op/Emer Room, DOA (Specify) Inpatient	7c CITY, VILLAGE, OR TOWNSHIP OF DEATH Berrien Township		
8 SOCIAL SECURITY NUMBER 341 - 18 - 0756		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MANUFACTURING SUPERVISOR		9b KIND OF BUSINESS OR INDUSTRY INDUSTRIAL		
10a. CURRENT RESIDENCE - STATE MICHIGAN	10b. COUNTY BERRIEN	10c. LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF WYOMING		10d. STREET AND NUMBER 1801 FULKERSON ROAD		
10e. ZIP CODE 49120	11 BIRTHPLACE (City and State or Foreign Country) GALLMAN, MISSISSIPPI	12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED	13 SURVIVING SPOUSE (If wife, give name before first married) LEOLAR CHAPMAN	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) YES		
15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro American, Arab, English, French, Finnish, etc. (Specify below) AFRO-AMERICAN		16 RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc. (Specify below) BLACK		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 College (14 or 5+) 1		
18 FATHER'S NAME (First, Middle, Last) ODIE JOHNSON			19 MOTHER'S NAME (First, Middle, Surname before first married) SUSIE JACKSON			
20a INFORMANT'S NAME (Type, Print) MRS. LEOLAR JOHNSON		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 1801 FULKERSON ROAD, WYOMING, MICHIGAN 49120				
21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) BURIAL		22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) REDCLAWN CEMETERY	22b LOCATION - City or Village, State GARY, INDIANA			
23 SIGNATURE OF FUNERAL SERVICE LICENSEE Robert L. Hoven		24 LICENSE NUMBER (of Licensee) 002579	25 NAME AND ADDRESS OF FACILITY HOVEN FUNERAL HOME 414 EAST FRONT ST., BUCHANAN, MICHIGAN 49107			
26 PART I Enter the diseases, injuries, 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 resulting in death) a Metastatic Cerebral Carcinoma b Carcinoma of Lung c d					Approximate Interval Between Onset and Death Months Months	
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Left hemiparesis & aphasia					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		31a (Check one only) <input checked="" type="checkbox"/> On the basis of a medical examiner's case <input type="checkbox"/> On the basis of a coroner's investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated		
30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) Clarence A. Snyder (M.D.)	30b DATE SIGNED (Mo., Day, Yr.) November 11, 1991		30c TIME OF DEATH 9:40 pm		31b DATE SIGNED (Mo., Day, Yr.) NOV 11 1991	
	30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					31c CASE NUMBER
	32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) Clarence A. Snyder - 6418 Deans Hill Road, Berrien Center, Michigan 49102					31d PRONOUNCED DEAD (Mo., Day, Yr.) ON
32b LICENSE NUMBER 43010-20885						
33a ACC SUICIDE FROM NATURAL OR PENDING INVEST (Specify)	33b DATE OF INJURY (Mo., Day, Yr.)	33c TIME OF INJURY M	33d DESCRIBE HOW INJURY OCCURRED 60			
33e INJURY AT WORK (Specify Yes or No)	33f PLACE OF INJURY At home, farm, street, factory, office building, etc. (Specify)		33g LOCATION Street or R.F.D. No. City or Village, State 00118			
34a REGISTRAR'S SIGNATURE M. Louise Stine			34b DATE FILED (Month, Day, Year) NOV 13 1991			

FILED

MEDICAL EXAMINER