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STATE OF MICHIGAN DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Theo Gray & 1934 McKinley St May 4 1940 STATE FILE NUMBER

0468201

NAME OF DECEDENT FOR USE BY PHYSICIAN OR INSTITUTION

DISPOSITION

CAUSE OF DEATH

CERTIFIER

MEDICAL EXAMINER

1 DECEDENT'S NAME (First, Middle, Last) <b>Frank L. Gray</b>				2 SEX <b>Male</b>	3 DATE OF DEATH (Month, Day, Year) <b>Aug. 1, 1991</b>
4a AGE - Last Birthday (Years) <b>63</b>	4b UNDER 1 YEAR MONTHS <b>6</b>	4c UNDER 1 DAY HOURS <b>19</b>	5 DATE OF BIRTH (Month, Day, Year) <b>November 19, 1927</b>	6 COUNTY OF DEATH <b>Van Buren</b>	
7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) <b>South Haven Community Hospital</b>			7b IF HOSP OR INST Inpatient Op, Emer Room DOA (Specify) <b>Emer. Room</b>	7c CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>City of South Haven</b>	
8 SOCIAL SECURITY NUMBER <b>432-42-1432</b>		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Laborer</b>		9b KIND OF BUSINESS OR INDUSTRY <b>Bethlehem Steel Company</b>	
10a CURRENT RESIDENCE - STATE <b>Michigan</b>	10b COUNTY <b>Van Buren</b>	10c LOCALITY (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP. OF <b>Covert</b>		10d STREET AND NUMBER <b>71478, 32nd Avenue</b>	
10e ZIP CODE <b>49043</b>	11 BIRTHPLACE (City and State or Foreign Country) <b>Wabash, Arkansas</b>	12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	13 SURVIVING SPOUSE (If wife, give name before first married) <b>Zadie Brown</b>	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify, Yes or No) <b>No</b>	
15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc (Specify below) <b>Afro-American</b>		16 RACE - American Indian, Black, White, etc. If Asian, give nationality, i.e. Chinese, Filipino, Asian Indian, etc (Specify below) <b>Black</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <b>12</b> College (14-16+) <b>No</b>	
18 FATHER'S NAME (First, Middle, Last) <b>Joe Gray</b>			19 MOTHER'S NAME (First, Middle, Surname before first married) <b>Virdella Parker</b>		
20a INFORMANT'S NAME (Type/Print) <b>Zadie Gray</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) <b>71478, 32nd Avenue Covert, Mich 49043</b>			
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) <b>Burial</b>		22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) <b>Covert Cemetery</b>		22b LOCATION - City or Village, State <b>Covert, Michigan</b>	
23 SIGNATURE OF FUNERAL SERVICE LICENSEE <b>F. L. D. P.</b>		24 LICENSE NUMBER (of license) <b>6278</b>	25 NAME AND ADDRESS OF FACILITY <b>Calvin Starks &amp; Frost F.I.I. 365 Center Street South Haven, Mich. 49090</b>		
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 for each line. <b>NOVEMBER 1992 (Final disease or condition resulting in death)</b> <b>And 2. Astoria</b>		26a a. <b>Acute ischemic heart disease</b> DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death <b>Hours</b>	
		26b b. <b>Arterio-sclerotic heart disease</b> DUE TO (OR AS A CONSEQUENCE OF)		<b>Years</b>	
		26c c. _____ DUE TO (OR AS A CONSEQUENCE OF)			
		26d d. _____ DUE TO (OR AS A CONSEQUENCE OF)			
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I <b>2 prior Myocardial infarction, left hemiparesis</b>		27a WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>	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) <b>Hospital</b>		29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) <b>Yes</b>		31e (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case <input checked="" type="checkbox"/> 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	
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) <b>[Signature]</b>		30c TIME OF DEATH <b>M</b>		31b DATE SIGNED (Mo., Day, Yr.) <b>Aug. 7, 1991</b>	
30b DATE SIGNED (Mo., Day, Yr.) <b>[Signature]</b>		30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31c CASE NUMBER <b>[Signature]</b>	
32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) <b>O.T. Lorenz, DO, ME 901 Bailey Ave. South Haven, Mich. 49090</b>			32b LICENSE NUMBER <b>005848</b>		
33a ACC SUICIDE, HOM. NATURAL OR PENDING INVEST (Specify) <b>Natural</b>		33b DATE OF INJURY (Mo., Day, Yr.)	33c TIME OF INJURY <b>M</b>	33d DESCRIBE HOW INJURY OCCURRED	
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 RFD No City, Village or Twp State	
34a REGISTRAR'S SIGNATURE <b>Shirley K. Jackson</b>			34b DATE FILED (Month, Day, Year) <b>August 12, 1991</b>		

P-36 Rev. 1/90

Oak Park Add 1. 241.3 Bl. 33 Key #46-162-243; unit #25 STATE OF MICHIGAN, COUNTY OF VAN BUREN

I, SHIRLEY K. JACKSON, CLERK OF THE COUNTY AND STATE AFORESAID DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF SAME AS APPEARS ON FILE IN MY OFFICE IN PAW PAW, MICHIGAN. GIVEN UNDER MY HAND AND SEAL THE 12th DAY OF August 1991.

Broadway Parkview SHIRLEY K. JACKSON, VAN BUREN COUNTY CLERK h37 + h.38 Bl.1 Key #41-150-374.38 BY Mary K. Lane DEPUTY CLERK.

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