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STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER **1367456**

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DECEDENT

Field	Entry
1. Decedent's Name (First, Middle, Last)	Madge F Sheline Leslie
2. Sex	Female
3. Date of Death (Month Day Year)	February 10, 1998
4a. Age - Last Birthday (Years)	85
4b. Under 1 Year (Months / Days)	
4c. Under 1 Day (Hours / Minutes)	
5. Date of Birth (Month, Day, Year)	July 23, 1912
6. County of Death	Van Buren
7a. Location of Death - Hospital or Other Institution - Name	Martin Luther Memorial Home
7b. If Hosp or Inst: Inpatient, Op, Emer, Room, DOA (Specify)	Inpatient
7c. City, Village, or Township of Death	City of South Haven
8. Social Security Number	311-36-4245
9a. Usual Occupation	Home Maker
9b. Kind of Business or Industry	Own Home
10a. Current Residence - State	Michigan
10b. County	Van Buren
10c. Locality	[X] Inside City or Village of / [ ] Twp of — South Haven
10d. Street and Number	850 Phillips
10e. Zip Code	49090
11. Birthplace (City and State or Foreign Country)	Lyford, Indiana
12. Marital Status	Widowed
13. Surviving Spouse (If wife, give name before first married)	
14. Was Decedent Ever in U.S. Armed Forces?	No
15. Ancestry	American
16. Race	White
17. Decedent's Education — Elementary/Secondary (0-12) / College (1-4 or 5+)	10 /

PARENTS

Field	Entry
18. Father's Name (First, Middle, Last)	Frank N. Prohaska
19. Mother's Name (First, Middle, Surname before first married)	Anna Kitchen

INFORMANT

Field	Entry
20a. Informant's Name	Roger Sheline
20b. Mailing Address	581 W 138, S. Hebron, Indiana 46341

DISPOSITION

Field	Entry
21. Method of Disposition	Burial
22a. Place of Disposition	Elwood Cemetery
22b. Location - City or Village, State	Hammond, Indiana
23. Signature of Funeral Service Licensee	[signature]
24. License Number (of Licensee)	4935
25. Name and Address of Facility	Bocken Funeral Home Inc, 7042 Kennedy Ave., Hammond, IN 46323

CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
a. Immediate cause	Organic Brain Syndrome	2 years
b. Due to (or as a consequence of)		
c. Due to (or as a consequence of)		
d.		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

27a. Was an autopsy performed? No

27b. Were autopsy findings available prior to completion of cause of death?

9804047

28. Actual Place of Death: Nursing Home

29. Was case referred to medical examiner? No

CERTIFIER

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) [signature] David Liscow

30b. Date Signed: 2/13/98

30c. Time of Death: 12:20 P M

30d. Name of attending physician if other than certifier:

31a. [ ] The case reviewed and determined not to be a medical examiner's case. [ ] On the basis of examination and investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.

31b. Date Signed — 31c. Case Number — 31d. Pronounced Dead — ON — 31e. Time of Death — M

32a. Name and Address of Person Who Completed Cause of Death (Item 26): David Liscow MD, 930 Blue Star Highway, South Haven, MI 49090

32b. License Number: 048563

MEDICAL EXAMINER

33a. Acc, Suicide, Hom, Natural or Pending Invest — 33b. Date of Injury — 33c. Time of Injury M — 33d. Describe How Injury Occurred

33e. Injury at Work — 33f. Place of Injury — 33g. Location

34a. Registrar's Signature: [signature] Shirley K. Jackson

34b. Date Filed: February 20, 1998

B-36 Rev. 4/96

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 20th DAY OF February 19 98

SHIRLEY K. JACKSON, VAN BUREN COUNTY CLERK

BY Mary M. Rice DEPUTY CLERK.

10.00 CM

Ch #1609

GF 401-15th St SE Ste 3 DeMotte, IN 46310