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CF 574



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH
LK0027

STATE FILE NUMBER
1270830

TYPE, PRINT
IN
PERMANENT
BLACK INK

NAME OF DECEDENT
FOR USE BY PHYSICIAN OR
INSTITUTION

1 DECEDENT'S NAME (First, Middle, Last) Marshall Jack Gardner				2 SEX Male	3 DATE OF DEATH (Month Day Year) April 6, 1997		
4a AGE - Last Birthday (Years) 74	4b UNDER 1 YEAR MONTHS _____ DAYS _____	4c UNDER 1 DAY HOURS _____ MINUTES _____	5 DATE OF BIRTH (Month Day Year) May 17, 1922	6 COUNTY OF DEATH Kalamazoo			
7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either give street and number) 4010 Lake Forest Lane			7b IF HOSP OR INST Inpatient Op., Emer. Room, DOA (Specify)	7c CITY, VILLAGE, OR TOWNSHIP OF DEATH City of Kalamazoo			
8 SOCIAL SECURITY NUMBER 311-18-9196		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pharmacist		9b KIND OF BUSINESS OR INDUSTRY Retail Pharmacy			
10a CURRENT RESIDENCE - STATE Michigan	10b COUNTY Kalamazoo	10c LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> TWP OF Kalamazoo		10d STREET AND NUMBER 4010 Lake Forest Lane			
10e ZIP CODE 49008	11 BIRTHPLACE (City and State or Foreign Country) Chicago, IL	12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	13 SURVIVING SPOUSE (If wife, give name before first married) Norma (Kaplan)	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) Russian		16 RACE - American Indian, Black, White, etc. If Asian give nationality i.e. Chinese, Filipino, Asian Indian, etc. (Specify below) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 02 College (14 or 5+) 4			
18 FATHER'S NAME (First, Middle, Last) Meyer Gardner			19 MOTHER'S NAME (First Middle Surname before first married) Rose Bernstein				
20a INFORMANT'S NAME (Type/Print) Norma Gardner			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 4010 Lake Forest Lane, Kalamazoo, MI 49008				
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) Cremation		22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Central Michigan Crematory		22b LOCATION - City or Village, State Battle Creek, MI			
23 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Donald Smith</i>		24 LICENSE NUMBER (of Licensee) 5341	25 NAME AND ADDRESS OF FACILITY Langeland Portage Chapel 411 E Centre Ave.; Portage, MI 49002				
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) → Multiple Myeloma, Ig G Lambda DUE TO (OR AS A CONSEQUENCE OF) Sequitely list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. a _____ DUE TO (OR AS A CONSEQUENCE OF) 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? (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) Home		29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) No		31a (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input 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) <i>Ray Lord MD</i>		30b DATE SIGNED (Mo., Day, Yr.) April 7, 1997		30c TIME OF DEATH 7:05 a M			
30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31b DATE SIGNED (Mo., Day, Yr.)		31c CASE NUMBER			
32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) Raymond Lord M.D. 200 N Park Kalamazoo MI 49007		32b LICENSE NUMBER 39439		31d PRONOUNCED DEAD (Mo., Day, Yr.) ON			
33a ACC SUICIDE HOM NATURAL OR PENDING INVEST (Specify)		33b DATE OF INJURY (Mo., Day, Yr.)	33c TIME OF INJURY M	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 <i>Timothy A. Snow</i>			34b DATE (Month, Day, Year) APR 08 1997				

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Rev. 1/90

HOLD FOR MERIDIAN TITLE CORP

STATE OF MICHIGAN
COUNTY OF KALAMAZOO

I, TIMOTHY A. SNOW, Clerk of the County of Kalamazoo and of the Circuit Court thereof, the same being a Court of Record having a seal, do hereby certify that the above is a true copy of the record on file in my office.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

Signed and sealed at Kalamazoo, Michigan
this 8th day of APRIL 1997.

Timothy A. Snow, Kalamazoo County Clerk

PETER BENJAMIN
LAKE COUNTY AUDITOR

By: *Robert J. Henry* Deputy Clerk

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