

LF

CF P-125



STATE OF MICHIGAN DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

0167826

024501171M

CERTIFICATE OF DEATH

1. DECEDENT NAME FIRST: <b>Etta</b> MIDDLE: <b>Johnson</b> LAST: <b>Johnson</b>			2. SEX <b>Fe.</b>	3. DATE OF DEATH (Mo., Day, Yr.) <b>8-9-80</b>
4. RACE (e.g., White, Black, American Indian, etc.) (Specify) <b>Black</b>	5a. AGE—Last Birthday <b>82</b>	5b. UNDER 1 YEAR <b>068020</b>	6. DATE OF BIRTH (Mo., Day, Yr.) <b>2-27-1900</b>	7a. COUNTY OF DEATH <b>Mecosta</b>
7b. LOCATION OF DEATH (Check one and specify) <input type="checkbox"/> INSIDE CITY LIMITS OF: <input type="checkbox"/> INSIDE VILLAGE LIMITS OF: <input checked="" type="checkbox"/> TWP. OF: <b>Morton</b>		7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) <b>502 S. Washington</b>		
8. STATE OF BIRTH (If not in U.S.A. name country) <b>Mi.</b>	9. CITIZEN OF WHAT COUNTRY <b>USA</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>-----</b>	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>no</b>
13. SOCIAL SECURITY NUMBER <b>309228298</b>		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>	14b. KIND OF BUSINESS OR INDUSTRY <b>Factory</b>	
15a. CURRENT RESIDENCE—STATE <b>Mi.</b>	15b. COUNTY <b>Mecosta</b>	15c. LOCALITY (Check one and specify) <input type="checkbox"/> INSIDE CITY LIMITS OF: <input type="checkbox"/> INSIDE VILLAGE LIMITS OF: <input checked="" type="checkbox"/> TWP. OF <b>Morton</b>	15d. STREET AND NUMBER <b>502 S. Washington</b>	
16. FATHER—NAME FIRST: <b>Ermit</b> MIDDLE: <b>Porter</b> LAST: <b>Porter</b>			17. MOTHER—MAIDEN NAME FIRST: <b>Ida</b> MIDDLE: <b>Lett</b> LAST: <b>Lett</b>	
18a. INFORMANT (Signature) <i>Ermit Porter</i>		18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE <b>1045 Rosalie N.W.; Grand Rapids, Mi. 49504</b>		
19. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
(a) <b>MYOCARDIAL INFARCT</b>			Interval between onset and death <b>SUDDEN</b>	
(b) _____			Interval between onset and death	
(c) _____			Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I			20. AUTOPSY (Specify Yes or No) <b>NO</b>	21. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) <b>YES</b>
22a. PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) <b>HOME</b>		22b. IF HOSP. OR INST., indicate DOA, OP/Emer. Rm., Inpatient (Specify)		
23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. <b>HOME</b>		23b. DATE SIGNED (Mo., Day, Yr.) <b>08-09-1980</b>		
23c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>B. J. BAUER, M.D.</b>		23d. HOUR OF DEATH <b>4:00 A M</b>		
24a. (Check one box) This case reviewed and determined not to be a medical examiner's case <input type="checkbox"/> On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.		24b. DATE SIGNED (Mo., Day, Yr.) <b>08-09-1980</b>		
24c. (Signature and Title) <i>B. J. Bauer, M.D.</i>		24d. HOUR OF DEATH <b>2:40 PM</b>		
24e. PRONOUNCED DEAD (Mo., Day, Yr.) <b>08-09-80</b>		24f. PRONOUNCED DEAD (Hour) <b>9:00 A M</b>		
25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print) <b>B. J. BAUER, M.D. 630 RIVER ST. BIG RAPIDS, MI 49307</b>				
26a. ACC., SUICIDE, HOMICIDE, NATURAL OR PENDING INVEST. <b>NATURAL</b>		26b. DATE OF INJURY (Mo., Day, Yr.)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED
26e. INJURY AT WORK (Specify Yes or No) <b>No</b>		26f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION STREET OR R.F.D. NO. CITY, VILLAGE, OR TOWNSHIP STATE
27a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		27b. CEMETERY OR CREMATORY—NAME <b>Mt. Hope Cemetery</b>		27c. LOCATION CITY, VILLAGE, OR TOWNSHIP STATE <b>Mecosta, MI.</b>
27d. DATE (Mo., Day, Yr.) <b>8-12-80</b>		27e. NAME OF FACILITY <b>Crittenden-Hansen Funeral Home</b>		27f. ADDRESS OF FACILITY <b>Remus, Mi. 49340</b>
28a. FUNERAL SERVICE LICENSEE (Signature) <i>Larry L. Hansen</i>		28b. REGISTRAR (Signature) <i>Elda H. Wells</i>		28c. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Aug. 12, 1980</b>

IF DEATH OCCURRED IN INSTITUTION, SEE MANUAL REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

CERTIFIER

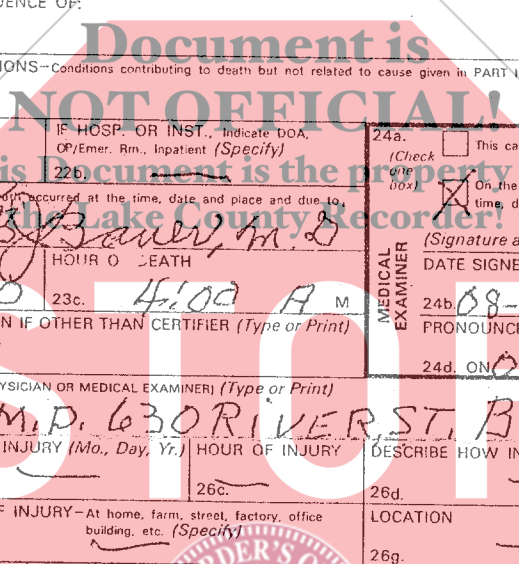
DISPOSITION

B-36a (4/78)

Larry L. Hansen 5424 hold for Stewart Title Services of Northwest Indiana 8695 Broadway Merrillville, IN 46310

Date 8/13/80 A certified copy Signed: Elda H. Wells Mecosta County Clerk

11/14/88 001055 H.H.



CASE NO. 024501171

EXHIBIT A - LEGAL DESCRIPTION

Lot 28 and the West Half of Lot 29 in Block 1 in Germania No. 1 Addition to Tolleston, in the City of Gary, as per plat thereof, recorded in Plat Book 2, page 67 in the Office of the Recorder of Lake County, Indiana.

