



STATE OF MICHIGAN DEPARTMENT OF PUBLIC HEALTH

0035453

STATE FILE NUMBER

CERTIFICATE OF DEATH

391

LF 393 5740

DECEDENT NAME FIRST MIDDLE LAST SEX DATE OF DEATH (Mo., Day, Yr.) ROSE LARSON FEMALE JUNE 14, 1984

RACE (e.g. White, Black, American Indian, etc.) (Specify) AGE Last Birth-day (Yrs) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) COUNTY OF DEATH 4 BLACK 5a 77 5b 5c FEB 25, 1907 7a OTTAWA

LOCATION OF DEATH (Check one and specify) INSIDE CITY LIMITS OF HOLLAND HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number) HOLLAND COMMUNITY HOSPITAL

STATE OF BIRTH (If not in U.S.A. name country) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) SURVIVING SPOUSE (If wife, give maiden name) WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 8 ALABAMA 9 U. S. A. 10 WIDOWED 11 NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR INDUSTRY 13 316 22 8264 14a HOMEMAKER 14b HOME

CURRENT RESIDENCE STATE COUNTY LOCALITY (Check one and specify) INSIDE CITY LIMITS OF INSIDE VILLAGE LIMITS OF STREET AND NUMBER 15a MICHIGAN 15b VAN BUREN 15c GENEVA 15d 03720 62nd Street

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST 16 BRITT TALLEY 17 ANNIE STEVENSON

INFORMANT MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18a (Signature) CURTIS ROBERTSON 18b 03720 62ND SOUTH HAVEN, MI. 49090

IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onsets and death (a) Cardiac Arrest - Ventricular Fibrillation mins (b) Digoxin toxicity DAYS (c) Acute Renal Failure DAYS

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I AUTOPSY (Specify Yes or No) WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) 20 YES 21 NO

PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance, (Specify)) IF HOSP. OR INST., Indicate B.O.A. OP Emer., Inpatient, (Specify) 22a HOSPITAL 22b INPATIENT

CERTIFYING PHYSICIAN (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23a STEVEN M. ZONNEBELT MD 23b 6/15/84 23c 3:00 AM M 23d STEVEN M. ZONNEBELT MD

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print) 25 155 WEST 27TH STREET HOLLAND, MICHIGAN 49423

ALL SUICIDE FROM NATURAL OR PENDING INVEST. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED 26a NATURAL 26b 26c 26d

INJURY AT WORK (Specify Yes or No) PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) LOCATION STREET OR R.F.D. NO. CITY, VILLAGE, OR TOWNSHIP STATE 26e 26f 26g

BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY - NAME LOCATION CITY VILLAGE OR TOWNSHIP STATE 27a BURIAL 27b FERN OAK CEMETERY 27c GRIFFITH INDIANA

DATE (Mo., Day, Yr.) NAME OF FACILITY ADDRESS OF FACILITY 27d JUNE 16, 1984 27e CALVIN-STARKS-FROST F.H. 27f 365 CENTER SOUTH HAVEN, MI

FUNERAL SERVICE LICENSEE (Signature) REGISTRAR (Signature) DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 28c 29a Daniel C. Kneegor 29b June 18, 1984

FILED

DEC 14 2010

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

056588

1100 CS 10