

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MICHIGAN
STANDARD CERTIFICATE OF DEATH

State File No. 25825
Registrar's No. 153

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
a. STATE Michigan b. COUNTY Berrien
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Benton Harbor
d. STREET ADDRESS (If rural, give location) Mary's Hotel

3. NAME OF DECEASED a. (First) Winfield b. (Middle) S. c. (Last) Hungerford 4. DATE OF DEATH (Month) (Day) (Year) August 5, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown 8. DATE OF BIRTH Sept. 21, 1890 9. AGE (In years last birthday) 60 if under 1 year: Months 9 Days 14 if under 12 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown 10b. KIND OF BUSINESS OR INDUSTRY Unknown 11. BIRTHPLACE (State or foreign country) Michigan 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Calvin Hungerford 13b. MOTHER'S MAIDEN NAME Amelia S. Haul 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I 16. SOCIAL SECURITY NO. 366-14-0674 17. INFORMANT'S SIGNATURE OR NAME Birth certificate ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 3 day
ANTECEDENT CAUSES with myocardial failure 2 days
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis ?
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4/201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8-3-51, 1951, to 8-5-51, 1951, that I last saw the deceased alive on 8-4-51, 1951 and that death occurred at 2:28 AM., from the causes and on the date stated above.

23a. SIGNATURE C. U. McBurney, M.D. (Degree or title) 23b. ADDRESS Slater, Mo. 23c. DATE SIGNED 8/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify) 2 24b. DATE Aug.-6-1951 24c. NAME OF CEMETERY OR CREMATORY Benton Harbor, Michigan 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. Aug.-6-1951 REGISTRAR'S SIGNATURE Sidney F. Gray 385 25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis ADDRESS Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

972
0

RECEIVED 8-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-13-51

AUG 22 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

R.W. Campbell Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address *Marshall, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.