

LF 255
CF



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

11840

STATE FILE NUMBER

CERTIFICATE OF DEATH

102 B

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|--|--|--|--|--|
| DECEDENT NAME 1 Vernon H. Parks | | | SEX 2 Male | DATE OF DEATH (Mo., Day, Yr.) 3 2-21, 1978 |
| RACE - 10 a. White | AGE - Last Birthday (Yrs.) 5a 82 | UNDER 1 YEAR 5b | UNDER 1 DAY 5c | DATE OF BIRTH (Mo., Day, Yr.) 6 11-10-1895 |
| LOCATION OF DEATH (Check one and specify) <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF Royal Oak <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP OF | | | HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number) William Beaumont Hospital | |
| STATE OF BIRTH (if not in U.S. a name country) 8 Michigan | CITIZEN OF WHAT COUNTRY 9 U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married | SURVIVING SPOUSE (If wife, give maiden name) 11 Violet Bradt | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No |
| SOCIAL SECURITY NUMBER 13 374-18-4967 A | | USUAL OCCUPATION (Give kind of work done during most of working life, esp., if retired) 14a Insurance Salesman | KIND OF BUSINESS OR INDUSTRY 14b Retired | |
| CURRENT RESIDENCE - STATE 15a Michigan | COUNTY 15b Oakland | LOCALITY (Check one and specify) <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF Royal Oak <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP OF | STREET AND NUMBER 15d 1811 West 14 Mile Road | |
| FATHER - NAME FIRST MIDDLE LAST 16 Albert - Parks | | MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Eloise Brooks | | |
| INFORMANT 18a (Signature) Violet Parks | | MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 1811 W. 14 Mile Rd, Royal Oak, MI, 48067 | | |
| 19 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | |
| PART I (a) CARDIO-RESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death MIN. |
| (b) CONGESTIVE HEART FAILURE - SEVERE DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death |
| (c) ASSOCIATED LUNG DISEASE | | | | Interval between onset and death |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to causes given in PART I RESPIRATORY INSUFFICIENCY POSSIBLE | | | AUTOPSY (Specify Yes or No) No | WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) 21 No |
| PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) 22a W.B. HOSPITAL | | F. HOSP. OR INST. - Indicate D.O.A., OP, Liver, Pm, Inpatient? (Specify) 22b INPT. | 24a <input type="checkbox"/> This case reported 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. | |
| 23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) A. Hauser M.D. | | 24b. (Signature and Title) A. Hauser M.D. | | |
| DATE SIGNED (Mo., Day, Yr.) 23b 2/22/78 | | DATE SIGNED (Mo., Day, Yr.) 24b | | |
| HOUR OF DEATH 23c 10:25 P.M. | | HOUR OF DEATH 24c | | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23d | | PRONOUNCED DEAD (Mo., Day, Yr.) 24d ON | | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print) 25 Andrew M. Hauser, M.D., Wm. Beaumont Hospital, 3601 W. 13 Mile Road, Royal Oak | | 24d AT Michigan 48072 | | |
| AGE, SLICIDE, HOME, NATURAL OR PENDING INVEST. (Specify) 26a | DATE OF INJURY (Mo., Day, Yr.) 26b | HOUR OF INJURY 26c | DESCRIBE HOW INJURY OCCURRED 26d | |
| INJURY AT WORK (Specify Yes or No) 26e | | PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26f | LOCATION 26g | CITY, VILLAGE, OR TOWNSHIP STATE |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 27a Removal - Burial | | CEMETERY OR CREMATORY - NAME 27b Kingsville Cemetery | | LOCATION CITY, VILLAGE, OR TOWNSHIP STATE 27c Kingsville, Ontario Canada |
| DATE (Mo., Day, Yr.) 27d Feb. 24, 1978 | | NAME OF FACILITY 28a Sykes Funeral Home | | ADDRESS OF FACILITY 28b 91 Division, East Kingsville, Ont, N9Y 1P5 |
| FUNERAL SERVICE LICENSE# (Signature) 28c 4790 | | REGISTRAR (Signature) 29a Gladys Jago | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 29b February 23, 1978 | |