

CERTIFICATE OF DEATH

State File No.

66558

 MICHIGAN DEPARTMENT OF HEALTH
 Vital Records Section

Local File No.

884
BIRTH No.
1. PLACE OF DEATH
 a. COUNTY

Wayne

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE Michigan b. COUNTY Wayne

 b. CITY (If outside corporate limits, make RURAL, and give township)
 c. LENGTH OF STAY (In this place)
 Highland Park 10 DAYS

 c. TOWNSHIP, CITY OR VILLAGE (Name of)
 Detroit

 d. Is Residence within limits of a city or incorporated village?
 Yes No

 d. FULL NAME OF (If not in hospital or institution, give street address or location)
 HOSPITAL OR INSTITUTION Detroit Osteopathic

 e. STREET ADDRESS (If rural, give location)
 8047 John C. Lodge

3. NAME OF DECEASED
 (Type or Print)

a. (First) OSCAR b. (Middle) H c. (Last) STANAGE

4. DATE OF DEATH
 (Month) (Day) (Year)
 November 11 1964

5. SEX
6. COLOR OR RACE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH
9. AGE (In years last birthday)

 If under 1 year: Months Days
 If under 24 Hrs.: Hours Min.

Male White Married March 17, 1883 87

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Baseball Player (Ret.)

Detroit Tigers

California

U.S.A.

13. FATHER'S NAME
14. MOTHER'S MAREN NAME
15. NAME OF HUSBAND OR WIFE OF DECEASED

Thomas W. Stange

Charlotte F. Abbott

Mabel Mason Stange

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

17. SOCIAL SECURITY NO.
18. INFORMANT'S NAME
ADDRESS

No No 362-32-9396 Mabel Stange

19. CAUSE OF DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)

Staphylococcal Pneumonia

Interval Between Onset and Death

Enter only one cause per line for (a), (b), and (c)

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.

4 days

* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.

DUE TO (c)

Staphylococcal Cellulitis leg

weeks

450.0

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

years

20. DATE OF OPERATION
19a. MAJOR FINDINGS OF OPERATION

 21b. PLACE OF INJURY (e.g., In or about home? Work? Factory? Street? Warehouse bldg., etc.)
 Wayne County Municipal Auditor

20. AUTOPSY?
 Yes No

450.0

of

21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)

21. ACCIDENT SUICIDE HOMICIDE (Specify)

21d. TIME (Month) (Day) (Year)
21e. INJURY OCCURRED
21f. HOW DID INJURY OCCUR?

450.0

21d. (Month) (Day) (Year) (Month) (Day) (Year)

 While at Work Not While at Work
22. I hereby certify that I attended the deceased from

10/31/64

19 to 11/11/64

19, that I last saw the deceased alive

23. SIGNATURE (Degree or title)

23a. ADDRESS

23b. DATE SIGNED

Charles Schulman DO

122 Glendale

11/11/64

24. BURIAL, CREMATION, REMOVAL (Specify)

24a. DATE
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, village, town, or county) (State)

cremation

Nov. 14, 1964

Evergreen

Detroit, Michigan

25. RECD BY LOCAL REG.
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE
ADDRESS

NOV 12 1964

Thomas C. Shawcross

G. Obermayer

4251 Cass Detroit

RG + G.F. HARRIS FUNERAL Home Inc.