

# CERTIFICATE OF DEATH

REGISTRATION NO. **62581**

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

Local File No. **674**

1. NAME OF DEATH & COUNTY <b>Wayne</b>		2. USUAL RESIDENCE OF DECEASED (Where deceased lived, if institution residence before admission) a. STATE <b>Michigan</b> b. COUNTY <b>Wayne</b>	
3. CITY (If outside corporate limits, write RURAL, and give township) <b>Dearborn</b>	4. LENGTH OF STAY (If in this place) <b>1 day</b>	5. TOWNSHIP, CITY OR VILLAGE <b>Dearborn</b>	6. Is residence within limits of City or Incorporated Village? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. FULL NAME OF HOSPITAL OR INSTITUTION <b>Oakwood Hospital</b>		8. STREET ADDRESS (If rural, give location) <b>10000 Valley Lane</b>	

9. NAME OF DECEASED (Type or Print) <b>Michael</b>	a. (First)	b. (Middle)	c. (Last)	10. DATE OF DEATH (Month) (Day) (Year) <b>October 4, 1966</b>
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11. SEX <b>Male</b>	12. COLOR OR RACE <b>White</b>	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	14. DATE OF BIRTH <b>Feb. 2, 1918</b>	15. Age (in years last birthday) <b>48</b>	16. Under 1 year: Months <b>0</b> Days <b>0</b>	17. Under 15 years: Hours <b>0</b> Min. <b>0</b>
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18. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Player &amp; Scout</b>	19. KIND OF BUSINESS OR INDUSTRY <b>Baseball</b>	20. BIRTHPLACE (State or foreign country) <b>Illinois</b>	21. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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22. FATHER'S NAME <b>Michael Joseph Sr.</b>	23. MOTHER'S MAIDEN NAME <b>Mary</b>	24. NAME OF HUSBAND OR WIFE OF DECEASED <b>Barbara Lee Jones</b>
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25. WAS DECEASED EVER IN U.S. ARMED FORCES (If yes, give war or dates of service) <b>No</b>	26. SOCIAL SECURITY NO. <b>375-10-7557</b>	27. INFORMANT'S NAME <b>Barbara Lee Jones, Hospital, Dearborn</b>	28. ADDRESS
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29. CAUSE OF DEATH (This does not mean the mode of dying, such as heart failure, stroke, etc. It means the disease, injury or complication which caused death.)  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <b>Leukemia of Kidney</b> ANTECEDENT CAUSES Morbid conditions, if any, giving GUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	MEDICAL CERTIFICATION <b>Leukemia of Kidney</b>		Interval Between Onset and Death
	30. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

31. DATE OF OPERATION <b>3-8-63</b>	32. MAJOR FINDINGS OF OPERATION <b>Leukemia of Kidney</b>	33. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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34. ACCIDENT, SUICIDE OR HOMICIDE (Specify)	35. PLACE OF INJURY (e.g., if or about home, farm, factory, street, office bldg., etc.)	36. CITY, VILLAGE, OR TOWNSHIP <b>Dearborn</b>	37. COUNTY <b>Wayne</b>	38. STATE <b>MI</b>
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39. TIME (Month) (Day) (Year) (HOUR) OF INJURY <b>10/4/66</b>	40. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>	41. HOW DID INJURY OCCUR?
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42. I solemnly swear that **Barbara Lee Jones** attended the deceased from **3-8-63** to **10-4-66** and that death occurred at **5:30 AM** from the causes and on the date stated above.

43. SIGNATURE OF REGISTRAR <b>John J. Carlini</b>	44. ADDRESS <b>MD 6742 Oakwood Hospital</b>	45. DATE SIGNED <b>10/4/66</b>
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46. DATE OF CREMATION <b>Oct. 10, 1966</b>	47. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	48. LOCATION (City, village, town or county) (State) <b>Dearborn, Michigan</b>
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49. DATE REC'D BY LOCAL REG. <b>OCT 5 1966</b>	50. REGISTRAR'S SIGNATURE <b>John J. Carlini</b>	51. SIGNATURE OF FEDERAL DIRECTOR <b>John J. Carlini</b>	52. ADDRESS <b>Michigan Department of Health, Lansing, Michigan</b>
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