

# CERTIFICATE OF DEATH

State File No.  
**60475**

**1162**  
**BIRTH No.**

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

Local File No. **370**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Wayne</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution; residence before admission.) a. STATE <b>Michigan</b> b. COUNTY <b>Wayne</b>	
b. CITY OR VILLAGE <b>Lincoln Park</b>	c. LENGTH OF STAY (in this place) <b>Instant</b>	6. TOWNSHIP, CITY OR VILLAGE <b>Detroit</b>	8. Is Residence within limits of a city or incorporated village? <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. FULL NAME OF HOSPITAL OR INSTITUTION <b>Outer Drive Hospital</b>		5. STREET ADDRESS <b>14453 Hazelridge</b> (If rural, give location)	

<b>3. NAME OF DECEASED</b> a. (First) <b>Absalom</b> b. (Middle) <b>H.</b> c. (Last) <b>Wingo</b>			<b>4. DATE OF DEATH</b> (Month) <b>October</b> (Day) <b>9</b> (Year) <b>1964</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 6, 1898</b>	9. AGE (In years last birthday) <b>66</b>	10. If under 1 year: Months <b>66</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Ford Motor Co. Auto</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Absalom, Georgia</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13. FATHER'S NAME</b> <b>Absalom Holbrook Wingo</b>	<b>14. MOTHER'S MAIDEN NAME</b> <b>Annie Smith</b>	<b>15. NAME OF HUSBAND OR WIFE OF DECEASED</b> <b>Grace Rutherford Wingo</b>	
<b>16. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. I.</b>	<b>17. SOCIAL SECURITY NO.</b> <b>362-09-8106</b>	<b>18. INFORMANT'S NAME AND ADDRESS</b> <b>Mrs. Grace M. Wingo. Same</b>	

<b>19. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c).  * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a).</b> <b>Multiple crushing injuries of chest and abdomen.</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving DUE TO (b) the underlying cause last.  <b>DUE TO (c)</b>		Interval Between Onset and Death
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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<b>21a. ACCIDENT (Specify)</b> <b>SUICIDE</b> <b>Accident</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	<b>21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Allen Park Wayne Michigan</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>Oct. 9, 1964</b> m.	<b>21e. INJURY OCCURRED</b> While at Work <input checked="" type="checkbox"/> Not While at Work <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>Driver of auto involved in 2-car collision.</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, \_\_\_\_\_, from the causes and on the date stated above.

<b>23. SIGNATURE OF MEDICAL EXAMINER</b> <b>Edward S. Zawadzki, M.D.</b>	<b>23b. ADDRESS</b> <b>E. Mathowski, Club</b>	<b>23c. DATE SIGNED</b> <b>OCT 9 1964</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>10-12-64</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Woodlawn</b>	<b>24d. LOCATION (City, village, twp., or county) (State)</b> <b>Detroit Michigan</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>10-12-64</b>	<b>REGISTRAR'S SIGNATURE</b> <i>William H. ...</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS</b> <i>William S. ...</i> <b>W. G. &amp; R. HARRIS FUNERAL HOME, INC. DETROIT MICH</b>
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