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STATE OF MICHIGAN DEPARTMENT OF PUBLIC HEALTH

0017111 STATE FILE NUMBER

0091767 B

CERTIFICATE OF DEATH

IDENTIFY EACH ITEM BY CHECKING ONE OF THESE ITEMS

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DECEDENT NAME FIRST MIDDLE LAST 1. Viletta E. Pincumbe			SEX 2. Female	DATE OF DEATH (Mo., Day, Yr.) 3. 4 March 1981	
RACE (e.g., White, Black, American Indian, etc.) (Specify) 4. White	AGE - Last Birthday (Yrs.) 5a. 77	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MINS 5c.	DATE OF BIRTH (Mo., Day, Yr.) 6. 18 May 1904	COUNTY OF DEATH 7a. Oakland
LOCATION OF DEATH (Check one and specify) 7b. <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP. OF		Troy			HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number) 7c. Beaumont Hospital - Troy
STATE OF BIRTH (If not in U.S.A. name country) 8. Michigan	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Widowed	SURVIVING SPOUSE (If wife, give maiden name) 11. None		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. No
SOCIAL SECURITY NUMBER 13. 386 - 38 - 7682		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. School teacher (Retired)		KIND OF BUSINESS OR INDUSTRY 14b. Public schools	
CURRENT RESIDENCE - STATE 15a. Michigan	COUNTY 15b. Oakland	LOCALITY (Check one and specify) 15c. <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP. OF	Oxford		STREET AND NUMBER 15d. 51 Park St.
FATHER - NAME FIRST MIDDLE LAST 16. Lora Tripp			MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17. Edith Durkee		
INFORMANT 18a. (Signature) James L. Pincumbe		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 51 Park St. Oxford, Michigan 48051			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					Interval between onset and death
(a) Acute Myocardial Infarction					HOURS
(b) Upper Gastrointestinal Hemorrhage					HOURS
(c)					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I				AUTOPSY (Specify Yes or No) 20. No	WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) 21. No
PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) 22a. Hospital		IF HOSP. OR INST., indicate DOA, OP, Emer. Rm., Institute (Specify) 22b. Emergency Center		24a. <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case <input checked="" 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) <i>Jack E. Belen</i>		24b. (Signature and Title) _____			
DATE SIGNED (Mo., Day, Yr.) 23b. 3/5/81		HOUR OF DEATH 23c. 6:29 PM		DATE SIGNED (Mo., Day, Yr.) 24b. _____	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23d. _____		24d. ON		24c. M 24e. AT M	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print) 25. Dr. Jack Belen 44199 Dequindre, Suite 103, Troy, Michigan					
ACC. SUICIDE, HOMICIDE, NATURAL OR HANGING INVEST. (Specify) 26a. Natural	DATE OF INJURY (Mo., Day, Yr.) 26b. _____	HOUR OF INJURY 26c. _____	DESCRIBE HOW INJURY OCCURRED 26d. _____		
INJURY AT WORK (Specify Yes or No) 26a. _____	PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) 26b. _____		LOCATION 26g. _____	STREET OR R.F.D. NO. 26b. 39 W. Burdick, Oxford, Mich. 48051	CITY, VILLAGE, OR TOWNSHIP STATE 26c. Troy, Michigan
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 27a. Burial		CEMETERY OR CREMATORY NAME 27b. White Chapel Cemetery		LOCATION CITY, VILLAGE, OR TOWNSHIP STATE 27c. Troy, Michigan	
DATE (Mo., Day, Yr.) 27a. 7 March 1981	NAME OF FACILITY 28a. Bossardet Funeral Home, Inc.		ADDRESS OF FACILITY 28b. 39 W. Burdick, Oxford, Mich. 48051		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 29b. March 9, 1981
FUNERAL SERVICE LICENSE (Signature) 28c. <i>John E. Bossardet</i>		REGISTRAR (Signature) 29a. <i>Edwin M. Corbin</i>		29b. <i>March 9, 1981</i>	

Michigan Department of Public Health