DEATH TRANSCRIPTS OF BARRY COUNTY RESIDENTS

WHO DIED OUTSIDE BARRY COUNTY

Compiled by the Michigan Department of Health

This volume (Volume 2) begins with **Cainder** and ends with **Dykstra**

FUNERAL NOTICE FOR
THE STURGIS DAILY JOURNAL

Full name of deceased ~~Seth~~ (First) ~~A.~~ (Middle) ~~Gaindar~~ (Last) Age ~~78~~

Address ~~237 Wah wah tay see Way, Battle Creek Twp. Mich.~~

Day and time of death ~~Sun. July 21, 1957 10 AM~~ Cause

Where death occurred ~~Home of daughter Mrs. Robert (Lucile) Carpenter.~~

Period of illness ~~Failing health past five years.~~

-:-

Where born ~~Allegan County, Mich.~~ Date of birth ~~Jan 21, 1879~~

Child of whom ~~Edwin and Alice (Brooks) Gaindar~~

Places of residence for what periods ~~Ao years on his farm in Barry twp. the past 6 years were spent at his daughters home in Battle Creek.~~

When married and to whom ~~Oct. 29, 1912 to Clara Phillips~~

~~_____~~ where married ~~Galesburg, Mich.~~

REMARKS: (Life work, etc.) ~~Farming---retired 6 years ago.~~

Member of what church ~~xx~~

Society affiliations ~~Farm Bureau~~

Other information ~~Friends are being received at the Benton/Smith Funeral Home in Delton where services will be conducted at 2 o'clock Wed. afternoon with the Rev. Harold E. Hall officiating. Interment will be in East Hickory Corners Cemetery.~~ Harold Bugby

Surviving relatives ~~Widow and one daughter Mrs. Robert (Lucile) Carpenter and 4 grand children of Battle Creek Twp., 3 brothers: Edwin of SanDiego, Cal., Alfred of Hickory Corners and Clifford of Plainwell, also one sister: Mrs. John McMartin of Glenn, Cal. and several neices and nephews.~~

Place of funeral service

Date of funeral ~~_____~~ Hour

Clergyman ~~The Rev. Harold Bugby~~ Place of burial

Undertaker

01/15/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 042975

Patient Information

Decedents Name: Kimberly Campbell
Sex: Female
Date of Death: 07/08/997
Date of Birth: 07/03/997
Spouses Name:
SSN:
Fathers Name: Scott L. Campbell
Mothers Name: Susan A. Seger
Place of Birth: Michigan
Ancestry: Other Southern European
Armed Forces: No
Race: White
Education: None
Marital Status: Never Married

Place of Death

City: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death: Bronson Methodist Hospital
Patient Status: Inpatient

Residence

Address: 4900 E. Butler Rd. Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49050

Manner of Death

Manner: Not Specified
Line 1: Trisomy 18
Line 2:
Line 3:
Line 4:

Other Conditions: Prematurity, Respiratory Distress Syndrome
Injury Date:
Injury Description:
Occupation: None
Industry: None

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: CRAIG ALAN CARBERRY Sex: Male
Date of Death: 11/23/993 Date of Birth: 04/11/957 Age: 36
Fathers Last Name: CARBERRY

Place of Death
Hospital: Blodgett Mem Med Cen
City: East Grnd Rapids County: Kent

If Hospital: Inpatient SSN: 373-68-3701

Residence
County: Barry
City: Middleville Address: 203 ROBIN ROAD
Zip Code: 49333

Place of Birth: Wisconsin
Armed Forces: No Marital Status: Never Married
Ancestry: Irish Race: White
Education: 1 year College

Underlying Cause of Death:

5712

Related Cause of Death (*)

115739
215712
225789
312859
324561

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 75902

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 054620

Decedents Name: Milton L. Cargill
Sex: Male
Date of Death: 09/11/996
Date of Birth: 01/06/909
Spouses Name:
SSN: 385-10-1858
Fathers Name: Edward Cargill
Mothers Name: Nina Hobby
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 2 years College
Marital Status: Widow, Widower

Place of Death
City: Battle Creek
County: Calhoun
Hospital or Other Place of Death
Unclassified
Patient Status:

Residence
Address: 11967 S. Circle Dr. Barry
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Aortic Stenosis
Line 2: Hypertension
Line 3:
Line 4:
Other Conditions: Benign Prosthetic Hypertrophy
Injury Date:
Description of Injury:
Occupation: Time Study
Industry: Cereal

09/03/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 024242

Patient Information

Decedents Name: Mary E. Carothers
Sex: Female
Date of Death: 03/31/1998
Date of Birth: 06/23/1914
Spouses Name:
SSN: 283-07-1455
Fathers Name: Gordon G. Bennett
Mothers Name: Alice West
Place of Birth: Ohio
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 4 years of college
Marital Status: Widow, Widower

Place of Death

City: East Grand Rapids
County: Kent
Hospital or Other Place of Death: Blodgett Mem Med Cen
Patient Status: Inpatient

Residence

Address: 3168 Elmwood Beach Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49333

Manner of Death

Manner: Not Specified
Line 1: End Stage Renal Disease
Line 2: Aorto- Femoral Bypass
Line 3: Generalized Arteriosclerosis
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Homemaker
Industry: Own Home

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 063292

Decedents Name: Norman L. Carpenter
Sex: Male
Date of Death: 10/04/995
Date of Birth: 06/29/913
Spouses Name: Ardis M. Reed
SSN: 368-09-0435
Fathers Name: Benjamin Carpenter
Mothers Name: Ada Kilmer
Place of Birth: Michigan
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death
City: East Grnd Rapids
County: Kent

Hospital or Other Place of Death
Blodgett Mem Med Cen
Patient Status: Inpatient

Residence
Address: 9461 Parmelee Rd. Thornapple
County: Barry
City: Thornapple Twp
Zip Code: 49333

Manner of Death: Not Specified
Line 1: Acute Renal Failure
Line 2: Acute Pancreatitis
Line 3:
Line 4:
Other Conditions: Hypertension, Emphysema
Injury Date:
Description of Injury:
Occupation: Patent Engineer
Industry: Lear Siegler

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 042894

Decedents Name: Mary E. Carr
Sex: Female
Date of Death: 07/07/996
Date of Birth: 11/05/923
Spouses Name: Robert J. Carr
SSN: 311-18-4332
Fathers Name: John Gibson
Mothers Name: Bertha Wilhems
Place of Birth: Indiana
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death
City: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death
Bronson Methodist Hospital
Patient Status: Inpatient

Residence
Address: 7069 Division Ave. Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Acute Myocardial Infarction
Line 2: Coronary Artery Disease
Line 3:
Line 4:
Other Conditions: Renal Failure, Hyperkalemia, Stroke
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: At Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Ruth J. Carrier Sex: Female
Date of Death: 01/31/994 Date of Birth: 01/31/908 Age: 86
Fathers Last Name: Scheiern

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 382-18-8544

Residence
County: Barry
City: Hope Twp Address: 5045 3rd St.
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: Irish Race: White
Education: 10

Underlying Cause of Death:

4280

Related Cause of Death (*)

114280
612859

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 9789

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

Wm. L Castle
Prairieville

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. Berry

1. PLACE OF DEATH
a. COUNTY Kalamazoo
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township) Vicksburg
c. LENGTH OF STAY (in this place) 12 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 511 W. Hudson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mich
b. COUNTY Kalamazoo
c. TOWNSHIP, CITY OR VILLAGE (Name of) Prairieville
d. Is Residence within limits of a city or incorporated village? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) RR 1

3. NAME OF DECEASED (Type or Print) a. (First) Mildred b. (Middle) L. c. (Last) Castle
4. DATE OF DEATH (Month) 7 (Day) 25 (Year) 57
5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED - (Specify) widow
8. DATE OF BIRTH Dec 21 1880
9. AGE (In years last birthday) 58
If under 1 year: Months / Days
If under 24 Hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Grocery Clerk
11. BIRTHPLACE (State or foreign country) Berry County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Wilkerson
14. MOTHER'S MAIDEN NAME Minnie Hall
15. NAME OF HUSBAND OR WIFE OF DECEASED Ray Castle

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) None
17. SOCIAL SECURITY NO. 365-34-2624
18. INFORMANT'S NAME Mrs Ellen Shelp ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Arrest
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.
DUE TO (c) R. F

Interval Between Onset and Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19d. DATE OF OPERATION
19e. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY Ooccur?

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-28-57
24c. NAME OF CEMETERY OR CREMATORY Prairieville
24d. LOCATION (City, village, twp., or county) (State) Berry Co.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE
ADDRESS

MARGIN RESERVED FOR BINDING

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD

B-38

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: June Chaffee Sex: Female
Date of Death: 11/08/993 Date of Birth: 03/26/918 Age: 75
Fathers Last Name: Searles

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 364-24-5873

Residence
County: Barry
City: Castleton Twp Address: #7 Thornapple Lake Road
Zip Code: 49073

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: French Race: White
Education: High School

Underlying Cause of Death:

486

Related Cause of Death (*)

110389
21486
612500
62586
635698

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 69063

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 036843

Decedents Name: Edwin Eugene Chambers
Sex: Male
Date of Death: 06/27/996
Date of Birth: 03/22/925
Spouses Name: Margaret Gillespie
SSN: 350-12-5119
Fathers Name: Roy Lee Chambers
Mothers Name: Ella Mabel Bier
Place of Birth: Illinois
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Grand Rapids
County: Kent

Hospital or Other Place of Death

Nursing Home or Extended Care Facility
Patient Status: Inpatient

Residence

Address: 2271 Hickory Rd. Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

Manner of Death: Not Specified
Line 1: Myocardial Infarction
Line 2: Respiratory Distress
Line 3: Dementia
Line 4: Hypertension
Other Conditions: Osteoarthritis
Injury Date:
Description of Injury:
Occupation: Maintenance
Industry: Government

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 056550

Decedents Name: Claude F. Channells
Sex: Male
Date of Death: 09/21/995
Date of Birth: 02/23/930
Spouses Name: Barbara Randall
SSN: 375-26-4172
Fathers Name: Clyde C. Channells
Mothers Name: Florence Lockwood
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 09
Marital Status: Married

Place of Death
City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death
Borgess Med Cen
Patient Status: Emergency Room/Outpatient

Residence
Address: 11953 12 Mile Road Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death: Not Specified
Line 1: Cardiac Arrhythmia
Line 2: Coronary Artery Disease
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Carpenter
Industry: Commercial Construction

03/27/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 072065

Patient Information

Decedents Name: Charles E. Chapman
Sex: Male
Date of Death: 10/28/997
Date of Birth: 04/16/918
Spouses Name: Carmen Johnson
SSN: 299-09-9193
Fathers Name: Reeve Chapman
Mothers Name: Adeline Merchant
Place of Birth: Ohio
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Ann Arbor
County: Washtenaw
Hospital or Other Place of Death: VA Med Cen - Ann Arbor
Patient Status: Inpatient

Residence

Address: 9945 Forest Ridge Middleville
County: Barry
City: Middleville
Zip Code: 49333

Manner of Death

Manner: Not Specified
Line 1: Cardiac Arrhythmia
Line 2:
Line 3:
Line 4:

Other Conditions: Surgery For Perforated Viscus
Injury Date:
Injury Description:
Occupation: Management
Industry: Retail Sales

11/27/95

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT

State: Michigan

File Number: 002588

Decedents Name: Icie Lena Chewning
Sex: Female
Date of Death: 01/10/995
Date of Birth: 11/20/940
Spouses Name: Charles E. Chewning
SSN: 234-68-5417
Fathers Name: Edgar Poling
Mothers Name: Agnes Heater
Place of Birth: West Virginia
Hospital: Blodgett Mem Med Cen
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 08
Marital Status: Married

Place of Death

City: East Grnd Rapids
County: Kent
If Hospital: Inpatient

Residence

Address: 3079 Culbert Shore Carlton
County: Barry
City: Carlton Twp
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Intracerebral Hemorrhage
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: Own Home

01/15/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 036329

Patient Information

Decedents Name: Marc I I Harry Chilton
Sex: Male
Date of Death: 06/21/997
Date of Birth: 04/17/975
Spouses Name:
SSN: 370-82-1344
Fathers Name: Marc Chilton
Mothers Name: Diane Anders
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 11
Marital Status: Never Married

Place of Death

City: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death: Borgess Med Cen
Patient Status: Inpatient

Residence

Address: 4920 Walldorff Rd. Hope
County: Barry
City: Hope Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Intracranial Bleed
Line 2: Acute Lymphoblastic Leukemia
Line 3:
Line 4:

Other Conditions:
Injury Date: 10/38/32
Injury Description:
Occupation: Laborer
Industry: Landscaping

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

07/30/98

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 006813

Patient Information

Decedents Name: Richard Sr William Chrzan
Sex: Male
Date of Death: 01/30/1998
Date of Birth: 03/10/1928
Spouses Name:
SSN: 385-22-4312
Fathers Name: Phillip J. Chrzan
Mothers Name: Louise Peer
Place of Birth: Michigan
Ancestry: Polish
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Divorced

Place of Death

City: Detroit
County: Wayne
Hospital or Other Place of Death:
Enroute to the hospital with a hospital named
Patient Status: DOA with Hospital Named

Residence

Address: 5150 E. Jordan Freeport
County: Barry
City: Irving Twp
Zip Code: 49325

Manner of Death

Manner: Not Specified
Line 1: Arteriosclerotic Cardiovascular Disease
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Mechanic
Industry: Automotive

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Adam Chyrowski Sex: Male
Date of Death: 03/04/994 Date of Birth: 08/12/921 Age: 72
Fathers Last Name: Chyrowski

Place of Death
Hospital: Unknown
City: Grand Rapids County: Kent

If Hospital: Unknown SSN: 376-18-3753

Residence
County: Barry
City: Middleville Address: 315 Whippoorwill
Zip Code: 49333

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: American Race: White
Education: 5 years of college

Underlying Cause of Death:

1579

Related Cause of Death (*)

111579

Autopsy: No Findings Available: Unknown Actual Place: Extensive Care/Hospice

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 16835

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

05/13/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 076121

Patient Information

Decedents Name: Saris Cichy
Sex: Male
Date of Death: 12/18/997
Date of Birth: 08/29/905
Spouses Name:
SSN: 337-03-7310
Fathers Name: John Cichy
Mothers Name: Feliska Mandrake
Place of Birth: Poland
Ancestry: Polish
Armed Forces: No
Race: White
Education: 06
Marital Status: Widow, Widower

Place of Death

City: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death: Borgess Med Cen
Patient Status: Inpatient

Residence

Address: 9144 Wertman Rd. Hope
County: Barry
City: Hope Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Coronary Artery Disease
Line 2:
Line 3:
Line 4:

Other Conditions: Renal Failure
Injury Date:
Injury Description:
Occupation: Farmer
Industry: Farming

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Daniel Paul Cisler Sex: Male
Date of Death: 01/18/994 Date of Birth: 11/28/927 Age: 66
Fathers Last Name: Cisler

Place of Death
Hospital: Metropolitan Hospital
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 380-26-2378

Residence
County: Barry
City: Middleville Address: 421 Thornton St.
Zip Code: 49333

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: Other Western European Race: White
Education: 2 years College

Underlying Cause of Death:

486

Related Cause of Death (*)

11486
614280

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 3145

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 063179

Decedents Name: Billy C. Clark
Sex: Male
Date of Death: 10/21/995
Date of Birth: 08/29/926
Spouses Name: Alice Jean Rooper
SSN: 233-38-0946
Fathers Name: Albert Ray Clark
Mothers Name: Nellie Alma Shank
Place of Birth: West Virginia
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

Place of Death
City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death
Borgess Med Cen
Patient Status: Inpatient

Residence
Address: 1885 Starr School Road Hastings
County: Barry
City: Hastings Twp
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Congestive Heart Failure
Line 2: Renal Failure
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Driver/owner
Industry: Trucking

02/02/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
Non-Resident Transcripts

State of Residence: Michigan

File Number: 056095

Patient Information

Decedents Name: Gerald F. Clark
Sex: Male
Date of Death: 09/18/997
Date of Birth: 01/29/923
Spouses Name: Mary Zimmerman
SSN: 155-18-5223
Fathers Name: Henry D. Clark
Mothers Name: Lillian Kik
Place of Birth: New Jersey
Ancestry: German
Armed Forces: Yes
Race: White
Education: 2 years College
Marital Status: Married

Place of Death

City: Grand Rapids
County: Kent
Hospital or Other Place of Death: Butterworth Hospital
Patient Status: Inpatient

Residence

Address: 7520 Noffke Dr. Thornapple
County: Barry
City: Thornapple Twp
Zip Code: 49316

Manner of Death

Manner: Not Specified
Line 1: Arteriosclerotic Cardiovascular Disease
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Salesman
Industry: Mechanical Power Transmission

03/05/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
Non-Resident Transcripts

State of Residence: Michigan

File Number: 062887

Patient Information

Decedents Name: Marvin Leroy Classic
Sex: Male
Date of Death: 10/08/997
Date of Birth: 08/29/932
Spouses Name: Joyce Brownfield
SSN: 383-30-6723
Fathers Name: Harold E. Classic
Mothers Name: Lucy E. Austin
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Grand Rapids
County: Kent
Hospital or Other Place of Death:
St Mary's Health Services - Grand Rapids
Patient Status: Inpatient

Residence

Address: 6100 Velte Rd. Woodland
County: Barry
City: Woodland Twp
Zip Code: 48897

Manner of Death

Manner: Not Specified
Line 1: Acute Myelocytic Leukemia
Line 2: Chronic Lymphocytic Leukemia
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Parts Manager
Industry: General Electric Corp

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: CAROLYN SUE CLAWSON Sex: Female
Date of Death: 02/28/993 Date of Birth: 10/28/941 Age: 51
Fathers Last Name: KIRBY

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 377-42-8161

Residence
County: Barry
City: Barry Twp Address: 11070 E. SHORE DRIVE
Zip Code: 49046

Place of Birth: Alabama
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

396

Related Cause of Death (*)

114274
21396
223970
313989
614273

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Yes Mode of Death: Natural

Work Injury: Location:

State File Number: 42683

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

04/28/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 076061

Decedents Name: Howard D. Clawson
Sex: Male
Date of Death: 11/28/996
Date of Birth: 03/05/926
Spouses Name:
SSN: 366-30-2510
Fathers Name: Clement Clawson
Mothers Name: Ada Wagner
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 08
Marital Status: Divorced

Place of Death

City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Borgess Med Cen
Patient Status: Inpatient

Residence

Address: Sprague Road, P.o. Box 33Barry
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Unstable Angina (mi)
Line 2: Diabetes Mellitus
Line 3: Hypertension
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Worker
Industry: Factories

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Rosa L. Cochran Sex: Female
Date of Death: 04/10/994 Date of Birth: 08/31/912 Age: 81
Fathers Last Name: Councell

Place of Death
Hospital: Unknown
City: Comstock Twp County: Kalamazoo

If Hospital: SSN: 364-22-9917

Residence
County: Barry
City: Johnstown Twp Address: 10961 Manning Lake Road
Zip Code: 49046

Place of Birth: Illinois
Armed Forces: No Marital Status: Widow, Widower
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

2030

Related Cause of Death (*)

112030

Autopsy: No Findings Available: Unknown Actual Place: Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 23662

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Herman Edward Coenen Sex: Male
Date of Death: 06/18/993 Date of Birth: 03/15/935 Age: 58
Fathers Last Name: COENEN

Place of Death
Hospital: VA Medical Center - Battle Creek
City: Bedford Twp County: Calhoun

If Hospital: Inpatient SSN: 379-32-8355

Residence
County: Barry
City: Hastings Twp Address: 4080 E. CENTER ROAD
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: German Race: White
Education: 10

Underlying Cause of Death:

1991

Related Cause of Death (*)

111970
12436
131991

Autopsy: No Findings Available: Unknown Actual Place: Other Institution

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 48189

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

Decedents Name: ARTHUR C. COGSWELL Sex: Male
Date of Death: 03/11/993 Date of Birth: 10/28/935 Age: 57
Fathers Last Name: Cogswell

Place of Death
Hospital: Battle Creek Health Systems
City: Battle Creek County: Calhoun

If Hospital: Inpatient SSN: 384-32-8225

Residence
County: Barry
City: Johnstown Twp Address: 5043 Winans Dr.
Zip Code: 49050

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 08

Underlying Cause of Death:

496

Related Cause of Death (*)

114280
214169
31496
414439
612500

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 13993

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 030158

Decedents Name: Howard R. Colburn
Sex: Male
Date of Death: 05/26/996
Date of Birth: 05/17/919
Spouses Name: June Mc Nee
SSN: 384-10-1563
Fathers Name: Edward Colburn
Mothers Name: Minnie Mc Caul
Place of Birth: Michigan
Ancestry: Other North, Central and South American
Armed Forces: Yes
Race: White
Education: 11
Marital Status: Married

Place of Death
City: East Grnd Rapids
County: Kent

Hospital or Other Place of Death
Blodgett Mem Med Cen
Patient Status: Emergency Room/Outpatient

Residence
Address: 520 Sherman St. Middleville
County: Barry
City: Middleville
Zip Code: 49333

Manner of Death: Not Specified
Line 1: Arteriosclerotic Cardiovascular Disease
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Operating Engineer
Industry: Road Construction

12/02/97

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 021617

Patient Information

Decedents Name: Aricka Jean Coleman
Sex: Female
Date of Death: 04/24/997
Date of Birth: 03/10/997
Spouses Name:
SSN: 370-21-5498
Fathers Name: Eric Michael Coleman
Mothers Name: Jennifer Kay Daniels
Place of Birth: Michigan
Ancestry: American
Armed Forces: No
Race: White
Education: None
Marital Status: Never Married

Place of Death

City: Charlotte
County: Eaton
Hospital or Other Place of Death:
Hayes Green Beach Hospital
Patient Status: Emergency Room/Outpatient

Residence

Address: 724 Washington St. Nashville
County: Barry
City: Nashville
Zip Code: 49073

Manner of Death

Manner: Not Specified
Line 1: Congenital Heart Disease
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: None
Industry: None

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 056854

Decedents Name: Richard J. Collier
Sex: Male
Date of Death: 09/20/995
Date of Birth: 03/03/928
SSN: 313-24-6015
Spouses Name: Dorothy Stabnik
Fathers Name: Charles Collier
Mothers Name: Mildred Newton
Place of Birth: Indiana
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

Place of Death
City: Grand Rapids
County: Kent

Hospital or Other Place of Death
Metropolitan Hospital
Patient Status: Inpatient

Residence
Address: 1360 Mary Dr., Lot 55 Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49348

Manner of Death: Not Specified
Line 1: Myocardial Infarction
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Self Employed
Industry: Auto Mechanic

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

Decedents Name: RICHARD CLARE COLLINS Sex: Male
Date of Death: 06/05/993 Date of Birth: 06/13/931 Age: 61
Fathers Last Name: Collins

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 312-28-6958

Residence
County: Barry
City: Yankee Springs Twp Address: 11650 Bass Road
Zip Code: 49333

Place of Birth: Indiana
Armed Forces: Yes Marital Status: Divorced
Ancestry: Irish Race: White
Education: 4 years of college

Underlying Cause of Death:

410

Related Cause of Death (*)

11410

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 36053

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 035527

Decedents Name: Darrell G. Combs
Sex: Male
Date of Death: 06/23/996
Date of Birth: 03/02/953
Spouses Name: Dawn Satterlee
SSN: 378-56-2879
Fathers Name: Ira Combs
Mothers Name: Edna Mae Maggard
Place of Birth: Kentucky
Ancestry: American
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Charlotte
County: Eaton

Hospital or Other Place of Death

Unclassified
Patient Status:

Residence

Address: Lot 79, Sundago Park Hastings
County: Barry
City: Hastings Twp
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Metastatic Lung Cancer
Line 2:
Line 3:
Line 4:
Other Conditions: Malignant Melanoma
Injury Date:
Description of Injury:
Occupation: Painter
Industry: Painting

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Doris Roselia Comstock Sex: Female
Date of Death: 04/15/994 Date of Birth: 12/23/917 Age: 76
Fathers Last Name: Martens

Place of Death
Hospital: Bronson Methodist Hospital
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 376-18-3325

Residence
County: Barry
City: Orangeville Twp Address: 8545 Norris Road
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

2028

Related Cause of Death (*)

112028

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 23613

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

09/03/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 027268

Patient Information

Decedents Name: Jeffrey Alan Conklin
Sex: Male
Date of Death: 03/31/1998
Date of Birth: 03/10/1985
Spouses Name:
SSN: 378-96-0971
Fathers Name: Bradley S. Conklin
Mothers Name: Lisa Swinehart
Place of Birth: Michigan
Ancestry: American
Armed Forces: No
Race: White
Education: 06
Marital Status: Never Married

Place of Death

City: Ann Arbor
County: Washtenaw
Hospital or Other Place of Death: University of Mich Hosps
Patient Status: Inpatient

Residence

Address: 926 S. Jefferson Hastings
County: Barry
City: Hastings
Zip Code: 49058

Manner of Death

Manner: Not Specified
Line 1: Mixed Bacterial And Candidal Sepsis
Line 2: Immunosuppression Secondary To Orthotopic Liver Transplantation
Line 3: Biliary Atresia
Line 4:

Other Conditions: Post Transplant Lymphoproliferative Disorder
Injury Date:
Injury Description:
Occupation: Student
Industry: Education

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 000828

Decedents Name: Veda C. Conklin
Sex: Female

Date of Death: 01/17/996
Date of Birth: 04/13/908

Spouses Name:
SSN: 378-36-4828

Fathers Name: Jesse E. Scudder

Mothers Name: E. Gertrude Lake

Place of Birth: Michigan

Ancestry: British, Scotch, Welsh, Scotch Irish

Armed Forces: No
Race: White

Education: 3 years College
Marital Status: Widow, Widower

Place of Death

City: Plainwell
County: Allegan

Hospital or Other Place of Death

Nursing Home or Extended Care Facility
Patient Status: Inpatient

Residence

Address: 1991 Campground Road Hastings
County: Barry

City: Hastings Twp
Zip Code: 49058

Manner of Death: Not Specified

Line 1: Congestive Cardiomyopathy

Line 2: Diabetes Mellitus

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Registered Nurse

Industry: Nursing

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Larry Jack Conrad Sex: Male
Date of Death: 05/06/994 Date of Birth: 06/14/944 Age: 49
Fathers Last Name: Conrad

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 363-46-8445

Residence
County: Barry
City: Barry Twp Address: 6973 S. Shore Drive
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Divorced
Ancestry: German Race: White
Education: High School

Underlying Cause of Death:

2720

Related Cause of Death (*)

11436
212720
314010

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 30144

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

11/27/95

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT

State: Michigan

File Number: 023151

Decedents Name: Helen B. Cook
Sex: Female
Date of Death: 04/12/995
Date of Birth: 10/23/922
Spouses Name:
SSN: 375-42-9124
Fathers Name: Dennis Kelleher
Mothers Name: Anna Pearl Logan
Place of Birth: Massachusetts
Hospital: Borgess Med Cen
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

Place of Death

City: Kalamazoo
County: Kalamazoo
If Hospital: Inpatient

Residence

Address: 320 Lakeside Drive Delton
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Adenocarcinoma; Liver Metastases
Line 2: Right Colon Adenocarcinoma
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: Own Home

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 061893

Decedents Name: John E. Cook
Sex: Male

Date of Death: 10/07/996
Date of Birth: 12/17/932

Spouses Name:
SSN: 368-34-1058

Fathers Name: John Cook

Mothers Name: Doris Mc Bain

Place of Birth: Michigan

Ancestry: British, Scotch, Welsh, Scotch Irish

Armed Forces: Yes
Race: White

Education: High School
Marital Status: Widow, Widower

Place of Death

City: Traverse City
County: Gd. Traverse

Hospital or Other Place of Death

Munson Medical Center
Patient Status: Emergency Room/Outpatient

Residence

Address: 35 Lakeside Drive Yankee
County: Barry

City: Yankee Springs Twp
Zip Code: 49348

Manner of Death: Not Specified

Line 1: Probable Myocardial Infarction

Line 2:

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Factory Worker

Industry: Auto Parts Manufacturing

FUNERAL NOTICE FOR

THE STURGIS DAILY JOURNAL

Full name of deceased Leon (First) Karl (Middle) Cook (Last) Age 50

Address Corpus Christi, Texas.

Day and time of death Tues. Nov. 26, 1957 Cause

Where death occurred Residence in Corpus Christi

Period of illness Sudden death.

-:-

Where born Orangeville Twp. BARRY Co. Mich. Date of birth July 13, 1907

Child of whom Fred and Cora(Armstrong) Cook (both deceased)

Places of residence for what periods Early life spent in Orangeville Twp. about 20 years in Kalamazoo and past 5 years in Texas.

When married and to whom To Mrs. Vicki Johnson

where married

REMARKS: (Life work, etc.) Owned an A&W Root Beer stand.

Veteran of World War #2

Member of what church

Society affiliations

Other information Friends are being received at the Henton/Smith Funeral Home beginning Friday morning. Services will be conducted in the Funeral Home Saturday afternoon at 2 oclock with the Rev. Issac Osgood officiating. Interment will be in Prairieville Cemetery.

Surviving relatives Widow, one son Charles and 2 step-children Kathy and Greg at home in Corpus Christi, Tex., 6 brothers: Ralph, Millard, Walter and Burl of Cloverdale, Mich., ~~and~~ Gerald of Scotts, Mich., and Don of Dowling, Mich. one sister Mrs. Ronald(Sarah) Anders of Cloverdale., also several neices and nephews.

Place of funeral service Henton & Smith Funeral Home.

Date of funeral Sat. 30, 1957. Hour 2 pm

Clergyman The Rev. Isaac Osgood Place of burial Prairieville Cemetery.

(Over)

Undertaker

04/28/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 067335

Decedents Name: Vera E. Cook
Sex: Female
Date of Death: 11/08/996
Date of Birth: 12/14/906
Spouses Name: Fred Cook
SSN: 369-38-4421
Fathers Name: Clifford Morford
Mothers Name: Vida Webster
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death
City: Battle Creek
County: Calhoun

Hospital or Other Place of Death
Nursing Home or Extended Care Facility
Patient Status: Inpatient

Residence
Address: 15585 Kellogg School Rd. Barry
County: Barry
City: Barry Twp
Zip Code: 49060

Manner of Death: Not Specified
Line 1: Myocardial Infarction
Line 2: Arteriosclerosis
Line 3:
Line 4:
Other Conditions: Stroke, Multi Infarct Dementia, Deep Vein Thrombosis
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: At Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: MARK NORMAN COOMBS Sex: Male
Date of Death: 08/01/993 Date of Birth: 12/03/973 Age: 19
Fathers Last Name: Coombs

Place of Death
Hospital: Unknown
City: Bedford Twp County: Calhoun

If Hospital: SSN: 380-66-3211

Residence
County: Barry
City: Johnstown Twp Address: 1260 Hickory Rd.
Zip Code: 49017

Place of Birth: Florida
Armed Forces: No Marital Status: Never Married
Ancestry: Other Western European Race: White
Education: 10

Underlying Cause of Death:

8161

Related Cause of Death (*)

11(69
12(03
318161
61)29
62887

Autopsy: Yes Findings Available: Yes Actual Place: Other

Medical Examiner Case: No Mode of Death: Accident

Work Injury: No Location: Other specified places

State File Number: 48194

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

12/02/97

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 020994

Patient Information

Decedents Name: Mary C. Cope
Sex: Female
Date of Death: 04/13/997
Date of Birth: 01/21/915
Spouses Name: None
SSN: 366-22-6436
Fathers Name: Guy V. Mc Allister
Mothers Name: Mary M. Coyne
Place of Birth: Michigan
Ancestry: Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

Place of Death

City: Plainwell
County: Allegan
Hospital or Other Place of Death:
Patient Status: Inpatient
Convalescent home, nursing home, medical care facility or hospice

Residence

Address: 11595 Scott Park Road Barry
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Congestive Cardiomyopathy
Line 2: Hypertension
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Payroll Clerk
Industry: Manufacturing

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: GILBERT J. CORKINS Sex: Male
Date of Death: 12/18/993 Date of Birth: 04/07/919 Age: 74
Fathers Last Name: Corkins

Place of Death
Hospital: Battle Creek Health Systems
City: Battle Creek County: Calhoun

If Hospital: Inpatient SSN: 385-01-0865

Residence
County: Barry
City: Nashville Address: 330 Cleveland Street
Zip Code: 49073

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: American Race: White
Education: High School

Underlying Cause of Death:

436

Related Cause of Death (*)

11486
21436
614019
624149
634439

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 74370

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Gregory Allen Couturier Sex: Male
Date of Death: 03/27/993 Date of Birth: 04/17/968 Age: 24
Fathers Last Name: Couturier

Place of Death
Hospital: Battle Creek Health Systems
City: Battle Creek County: Calhoun

If Hospital: Emergency Room/Outpatient SSN: 374-90-9028

Residence
County: Barry
City: Assyria Twp Address: 8565 Huff Rd.
Zip Code: 49021

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: French Race: White
Education: High School

Underlying Cause of Death:

8150

Related Cause of Death (*)

11(54
21(54
22(62
318150
617903

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: No Mode of Death: Accident

Work Injury: No Location: Street and Highway

State File Number: 21446

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

08/26/98

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 017553

Patient Information

Decedents Name: Gertrude Helene Crabb
Sex: Female
Date of Death: 03/25/1998
Date of Birth: 12/25/1902
Spouses Name:
SSN: 379-32-2050
Fathers Name: William H. Bodell
Mothers Name: Myrtal M. Clute
Place of Birth: Michigan
Ancestry: French
Armed Forces: No
Race: White
Education: High School
Marital Status: Divorced

Place of Death

City: Grand Rapids
County: Kent
Hospital or Other Place of Death:
St Mary's Health Services - Grand Rapids
Patient Status: Emergency Room/Outpatient

Residence

Address: 242 E. North St. Hastings
County: Barry
City: Hastings
Zip Code: 49058

Manner of Death

Manner: Not Specified
Line 1: Arteriosclerotic Cardiovascular Disease
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Homemaker
Industry: Own Home

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 049680

Decedents Name: Edna L. Craker
Sex: Female
Date of Death: 08/19/996
Date of Birth: 01/23/914
Spouses Name:
SSN: 384-38-1505
Fathers Name: James Armstrong
Mothers Name: Abigail Greenall
Place of Birth: Iowa
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

Place of Death

City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Borgess Med Cen
Patient Status: Emergency Room/Outpatient

Residence

Address: 4800 Walldorff Rd. Hope
County: Barry
City: Hope Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Intracranial Bleed
Line 2:
Line 3:
Line 4:
Other Conditions: Iddm; Ohd
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: At Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

Decedents Name: MARY ANN CRETSINGER Sex: Female
Date of Death: 05/14/993 Date of Birth: 11/13/939 Age: 53
Fathers Last Name: Hillard

Place of Death
Hospital: Battle Creek Health Systems
City: Battle Creek County: Calhoun

If Hospital: Inpatient SSN: 373-38-2515

Residence
County: Barry
City: Assyria Twp Address: 14362 North Ave.
Zip Code: 49021

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 3 years College

Underlying Cause of Death:

496

Related Cause of Death (*)

117990
21496

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 28315

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Lynn Francis Crilley Sex: Male
Date of Death: 03/31/994 Date of Birth: 04/15/933 Age: 60
Fathers Last Name: Crilley

Place of Death
Hospital: Unknown
City: Kalamazoo County: Kalamazoo

If Hospital: DOA with hospital name SSN: 377-28-4019

Residence
County: Barry
City: Barry Twp Address: 10790 Stoney Point Rd.
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Never Married
Ancestry: Irish Race: White
Education: High School

Underlying Cause of Death:

485

Related Cause of Death (*)

11485

Autopsy: Yes Findings Available: Yes Actual Place: Ambulance

Medical Examiner Case: No Mode of Death: Natural

Work Injury: Location:

State File Number: 36734

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

04/28/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 075710

Decedents Name: Lucille E. Crispin
Sex: Female

Date of Death: 12/11/996
Date of Birth: 04/24/910

Spouses Name:
SSN: 376-46-2079

Fathers Name: Artemas Taylor

Mothers Name: Evangeline Mc Inerny

Place of Birth: Michigan

Ancestry: Irish

Armed Forces: No
Race: White

Education: High School
Marital Status: Widow, Widower

Place of Death

City: Lansing
County: Ingham

Hospital or Other Place of Death

Nursing Home or Extended Care Facility
Patient Status: Inpatient

Residence

Address: 3282 Elmwood Beach Rd. Yankee
County: Barry

City: Yankee Springs Twp
Zip Code: 49333

Manner of Death: Not Specified

Line 1: Colon Ca

Line 2: Lung Ca

Line 3: Chf

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Homemaker

Industry: Own Home

03/27/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 068094

Patient Information

Decedents Name: Marinus S. Cronk
Sex: Male
Date of Death: 11/05/997
Date of Birth: 01/16/949
Spouses Name: Sharon A. Craig
SSN: 371-48-2194
Fathers Name: Frank G. Cronk
Mothers Name: Mary Barry
Place of Birth: Michigan
Ancestry: Irish
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Battle Creek
County: Calhoun
Hospital or Other Place of Death: Battle Creek Health Systems
Patient Status: Inpatient

Residence

Address: 3620 Messer Road Carlton
County: Barry
City: Carlton Twp
Zip Code: 49058

Manner of Death

Manner: Not Specified
Line 1: Anoxic Encephalopathy
Line 2: Cardiac Arrhythmia
Line 3: Atherosclerotic Heart Disease
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Maintenance Technician
Industry: Hospital

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Avald Fred Curths Sex: Male
Date of Death: 05/31/994 Date of Birth: 05/23/920 Age: 74
Fathers Last Name: Curths

Place of Death
Hospital: Butterworth Hospital
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 383-16-1894

Residence
County: Barry
City: Thornapple Twp Address: 9410 Finkbeiner Rd.
Zip Code: 49333

Place of Birth: Unknown
Armed Forces: Yes Marital Status: Married
Ancestry: German Race: White
Education: 10

Underlying Cause of Death:

4149

Related Cause of Death (*)

114271
214149
611890
625509
635699

Autopsy: Yes Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 30574

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 049692

Decedents Name: Edna M. Cushman
Sex: Female

Date of Death: 08/24/996
Date of Birth: 11/25/913

Spouses Name:
SSN: 370-18-6626

Fathers Name: Edgar Wooden

Mothers Name: Bertha Fuller

Place of Birth: Michigan

Ancestry: British, Scotch, Welsh, Scotch Irish

Armed Forces: No
Race: White

Education: High School
Marital Status: Widow, Widower

Place of Death

City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Borgess Med Cen
Patient Status: Inpatient

Residence

Address: 14659 S. Kellogg School RBarry
County: Barry

City: Barry Twp
Zip Code: 49060

Manner of Death: Not Specified

Line 1: Liver Failure

Line 2: Cirrhosis Cryptogenic

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Laborer

Industry: Food Manufacturing

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Nicholas B Czuk Sex: Male
Date of Death: 07/16/994 Date of Birth: 12/06/913 Age: 80
Fathers Last Name: Czuk

Place of Death
Hospital: VA Medical Center - Battle Creek
City: Bedford Twp County: Calhoun

If Hospital: Inpatient SSN: 368-01-9424

Residence
County: Barry
City: Barry Twp Address: 5282 Sheffield Road
Zip Code: 49060

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: Polish Race: White
Education: High School

Underlying Cause of Death:

3320

Related Cause of Death (*)

113320
61492
625198

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 42093

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 002748

Decedents Name: Richard C. Dahlhouser
Sex: Male
Date of Death: 01/03/996
Date of Birth: 05/30/931
Spouses Name:
SSN: 372-26-9928
Fathers Name: Charlie H. Dahlhouser
Mothers Name: Mae Catherine Beck
Place of Birth: Michigan
Ancestry: German
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Divorced

Place of Death
City: Grand Rapids
County: Kent

Hospital or Other Place of Death
Butterworth Hospital
Patient Status: Inpatient

Residence
Address: 1536 N. East St. #13 Hastings
County: Barry
City: Hastings
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Pneumonia
Line 2: Congestive Heart Failure
Line 3: Renal Failure
Line 4: Hypertension
Other Conditions: Emphysema, Hypertension, Atrial Fibrillation
Injury Date:
Description of Injury:
Occupation: Salesman
Industry: Clothing

02/02/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
Non-Resident Transcripts

State of Residence: Michigan

File Number: 059744

Patient Information

Decedents Name: Paul R. Danis
Sex: Male
Date of Death: 09/19/997
Date of Birth: 06/18/952
Spouses Name: Christine S. Beck
SSN: 370-56-6400
Fathers Name: Louis J. Danis
Mothers Name: Alwilda G. Vanderbrook
Place of Birth: Michigan
Ancestry: French
Armed Forces: No
Race: White
Education: 2 years College
Marital Status: Married

Place of Death

City: Cadillac
County: Wexford
Hospital or Other Place of Death: Mercy Hospital - Cadillac
Patient Status: Emergency Room/Outpatient

Residence

Address: 1966 Yeckley Rd. Rutland
County: Barry
City: Rutland Twp
Zip Code: 49058

Manner of Death

Manner: Accidental
Line 1: Multiple Head Trauma- Motor Vehicle Accident
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date: 09/19/1997
Injury Description: Automobile Accident
Occupation: Quality Engineer
Industry: Quality Controls

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

Decedents Name: Dora E. Davenport Sex: Female
Date of Death: 04/02/993 Date of Birth: 12/01/900 Age: 92
Fathers Last Name: Boettger

Place of Death
Hospital: Unknown
City: Lowell County: Kent

If Hospital: Inpatient SSN: 362-24-1335

Residence
County: Barry
City: Thornapple Twp Address: 11710 Garbow
Zip Code: 49333

Place of Birth: Illinois
Armed Forces: No Marital Status: Widow, Widower
Ancestry: German Race: White
Education: 03

Underlying Cause of Death:

436

Related Cause of Death (*)

11436
214370

Autopsy: No Findings Available: No Actual Place: Nursing Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 23294

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

03/05/98

DEATH TRANSCRIPTS

Non-Resident Transcripts

State of Residence: Michigan

File Number: 065716

Patient Information

Decedents Name: Grace L. Davis
Sex: Female
Date of Death: 10/26/997
Date of Birth: 03/18/924
Spouses Name:
SSN: 362-26-0765
Fathers Name: William Dollarhite
Mothers Name: Irene Whittenbarger
Place of Birth: Ohio
Ancestry: Irish
Armed Forces: No
Race: White
Education: 11
Marital Status: Widow, Widower

Place of Death

City: Owosso
County: Shiawassee
Hospital or Other Place of Death:
Memorial Health Care Center - Owosso
Patient Status: Inpatient

Residence

Address: 579 Thornapple Lake Road
County: Barry
City: Castleton Twp
Zip Code: 49073

Manner of Death

Manner: Not Specified
Line 1: Emphysema
Line 2: Cigarette Smoking
Line 3:
Line 4:

Other Conditions: Lung Cancer
Injury Date:
Injury Description:
Occupation: Office Manager
Industry: Check Reporting Service

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 061767

Decedents Name: Merle William Davis
Sex: Male
Date of Death: 10/22/995
Date of Birth: 02/05/913
Spouses Name: Ora E. Johnson
SSN: 366-09-3289
Fathers Name: William Davis
Mothers Name: Anna Miller
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death
City: Battle Creek
County: Calhoun

Hospital or Other Place of Death
Battle Creek Health Systems
Patient Status: Inpatient

Residence
Address: 7100 Westlake Rd. Assyria
County: Barry
City: Assyria Twp
Zip Code: 49021

Manner of Death: Not Specified
Line 1: Gastrointestinal Bleeding
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Service Manager
Industry: Automotive

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Nelson E. Davis Sex: Male
Date of Death: 10/19/993 Date of Birth: 02/11/920 Age: 73
Fathers Last Name: Davis

Place of Death
Hospital: Michigan Capital Med. Ctr. - Greenlawn Campus
City: Lansing County: Ingham

If Hospital: Inpatient SSN: 369-16-4418

Residence
County: Barry
City: Unknown Address: 598 Eagle Point Road
Zip Code: 48849

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: German Race: White
Education: 09

Underlying Cause of Death:

4241

Related Cause of Death (*)

114289
214241
224140
23410

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 61715

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

Decedents Name: EMAGENE A. DeFIELDS Sex: Female
Date of Death: 03/24/993 Date of Birth: 07/21/919 Age: 73
Fathers Last Name: Norman

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Ka mazoo

If Hospital: Inpatient SSN: 508-03-3226

Residence
County: Barry
City: Barry Twp Address: 2707 Circle Dr.
Zip Code: 49046

Place of Birth: Missouri
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

4140

Related Cause of Death (*)

114280
214140
614449

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 15504

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Gladys C. Denniston Sex: Female
Date of Death: 08/24/993 Date of Birth: 03/25/904 Age: 89
Fathers Last Name: Clawson

Place of Death
Hospital: Bronson Methodist Hospital
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 370-68-4183

Residence
County: Barry
City: Orangeville Twp Address: 12600 Marsh Road
Zip Code: 49344

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: American Race: White
Education: 08

Underlying Cause of Death:

486

Related Cause of Death (*)

11486
614029

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 49518

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Richard Harry Denny Sex: Male
Date of Death: 06/21/994 Date of Birth: 06/17/927 Age: 67
Fathers Last Name: Denny

Place of Death
Hospital: Blodgett Mem Med Cen
City: East Grnd Rapids County: Kent

If Hospital: Inpatient SSN: 372-26-5497

Residence
County: Barry
City: Hastings Twp Address: 380 Meadow Lane
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: German Race: White
Education: 11

Underlying Cause of Death:

585

Related Cause of Death (*)

117991
21514
31585
611539

Autopsy: Yes Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 36954

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

09/03/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 024563

Patient Information

Decedents Name: Edward Lee De Pew

Sex: Male

Date of Death: 03/30/1998

Date of Birth: 03/01/1932

Spouses Name: Merna Wilcox

SSN: 363-32-8209

Fathers Name: Russell De Pew

Mothers Name: Edith Pearl

Place of Birth: Michigan

Ancestry: French

Armed Forces: Yes

Race: White

Education: High School

Marital Status: Married

Place of Death

City: Bowne Twp

County: Kent

Hospital or Other Place of Death: Not Classifiable

Patient Status:

Residence

Address: 2293 Barber Rd. Carlton

County: Barry

City: Carlton Twp

Zip Code: 49085

Manner of Death

Manner: Not Specified

Line 1: Atherosclerotic And Hypertensive Cardiovascular Disease

Line 2:

Line 3:

Line 4:

Other Conditions:

Injury Date:

Injury Description:

Occupation: Machiniest

Industry: Machine Repair

07/30/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 002523

Patient Information

Decedents Name: Lucille A. Derhammer
Sex: Female
Date of Death: 01/15/1998
Date of Birth: 07/18/1915
Spouses Name: Ernest H. Derhammer
SSN: 368-03-5390
Fathers Name: Clarnece Baker
Mothers Name: Florence Harvey
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death: Borgess Med Cen
Patient Status: Inpatient

Residence

Address: 11438 Oak Dr. Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death

Manner: Not Specified
Line 1: Cerebrovascular Accident
Line 2: Cerebrovascular Disease
Line 3:
Line 4:

Other Conditions: Dm. Htn
Injury Date:
Injury Description:
Occupation: Telephone Operator
Industry: Telephone Company

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 036422

Decedents Name: Gledis De Vine
Sex: Female
Date of Death: 04/27/996
Date of Birth: 07/10/943
Spouses Name: William De Vine
SSN: 372-70-3291
Fathers Name: Homer Johnny Burton
Mothers Name: Lonnie Rowe
Place of Birth: West Virginia
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 02
Marital Status: Married

Place of Death

City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Borgess Med Cen
Patient Status: Inpatient

Residence

Address: 3150 Cloverdale Rd. Hope
County: Barry
City: Hope Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Metastatic Cancer To Bones & Liver
Line 2: Non Small Cell Cancer Of Lung
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: At Home

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 062543

Decedents Name: Sydney M. De Vries
Sex: Female
Date of Death: 09/29/996
Date of Birth: 06/10/936
Spouses Name: Wilford De Vries
SSN: 385-36-2589
Fathers Name: Louis Chenier
Mothers Name: Lulu Price
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Borgess Med Cen
Patient Status: Inpatient

Residence

Address: 10410 Cressey Rd. Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49080

Manner of Death: Not Specified
Line 1: Malignant Pleural Effusion
Line 2: Breast Cancer
Line 3:
Line 4:
Other Conditions: Cerebrovascular Accident, Aortic Insufficiency
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: At Home

02/02/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
Non-Resident Transcripts

State of Residence: Michigan

File Number: 055777

Patient Information

Decedents Name: Roy V. Dewey
Sex: Male
Date of Death: 09/12/997
Date of Birth: 10/08/920
Spouses Name: Doris Lyle
SSN: 703-07-6465
Fathers Name: Clarence N. Dewey
Mothers Name: Bertha Rodgers
Place of Birth: Illinois
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: 11
Marital Status: Married

Place of Death

City: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death: Borgess Med Cen
Patient Status: Inpatient

Residence

Address: 310 Scribner St. Barry
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: C H F
Line 2: I D D M
Line 3: Renal Insufficiency
Line 4: Severe Arteriosclerotic Coronary Artery Disease

Other Conditions:
Injury Date:
Injury Description:
Occupation: Milk Hauler
Industry: Dairy

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 001202

Decedents Name: Clara G. Doty
Sex: Female
Date of Death: 01/07/996
Date of Birth: 11/05/925
Spouses Name:
SSN: 382-26-1705
Fathers Name: Clyde Jordan
Mothers Name: Lillian Hancock
Place of Birth: Tennessee
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 10
Marital Status: Widow, Widower

Place of Death

City: Battle Creek
County: Calhoun

Hospital or Other Place of Death

Battle Creek Health Systems
Patient Status: Inpatient

Residence

Address: 14510 Jenkins Road Assyria
County: Barry
City: Assyria Twp
Zip Code: 49021

Manner of Death: Not Specified
Line 1: Pneumonia
Line 2: Cerebrovascular Accident
Line 3: Carotid Artery Disease
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: Own Home

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 063393

Decedents Name: Susan Black Drummond
Sex: Female
Date of Death: 10/06/995
Date of Birth: 04/25/935
Spouses Name: Donald Drummond
SSN: 330-28-3715
Fathers Name: William Z. Black
Mothers Name: Gertrude Voris
Place of Birth: Illinois
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 5 years of college
Marital Status: Married

Place of Death
City: Grand Rapids
County: Kent

Hospital or Other Place of Death
Butterworth Hospital
Patient Status: Inpatient

Residence
Address: 1451 West Sisson Rd. Irving
County: Barry
City: Irving Twp
Zip Code: 49325

Manner of Death: Not Specified
Line 1: Metastatic Breast Cancer
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Self-employed
Industry: Publisher/farmer

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 056650

Decedents Name: Helen E. Duffey
Sex: Female
Date of Death: 09/23/995
Date of Birth: 06/02/907
Spouses Name:
SSN: 374-20-4441
Fathers Name: Urba Lawrence
Mothers Name: Ethel Monks
Place of Birth: Michigan
Ancestry: Irish
Armed Forces: No
Race: White
Education: 08
Marital Status: Widow, Widower

Place of Death
City: East Grnd Rapids
County: Kent

Hospital or Other Place of Death
Blodgett Mem Med Cen
Patient Status: Inpatient

Residence
Address: 6288 Stimson Road Thornapple
County: Barry
City: Thornapple Twp
Zip Code: 49333

Manner of Death: Accidental
Line 1: Hypertensive Cardiovascular Disease
Line 2:
Line 3:
Line 4:
Other Conditions: Status Post Fracture Of Right Distal Femur
Injury Date: 09/13/1995
Description of Injury: Fell At Home
Occupation: Press Operator
Industry: Automobile Parts Mfg.

01/15/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 041565

Patient Information

Decedents Name: Dale Estal Dunlap
Sex: Male
Date of Death: 06/19/997
Date of Birth: 01/09/925
Spouses Name: Anne Coleman Snyder
SSN: 362-24-0166
Fathers Name: Oscar C. Dunlap
Mothers Name: Bessie Bair
Place of Birth: Michigan
Ancestry: American
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Battle Creek
County: Calhoun
Hospital or Other Place of Death: Battle Creek Health Systems
Patient Status: Inpatient

Residence

Address: 14925 Assyria Road Assyria
County: Barry
City: Assyria Twp
Zip Code: 49021

Manner of Death

Manner: Not Specified
Line 1: Gangrene Of Gallbladder With Septicemia
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Millwright
Industry: Cereal Industry

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS FOR 1998
County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 017090

Patient Information

Decedents Name: David G. Durkee
Sex: Male
Date of Death: 03/11/1998
Date of Birth: 04/29/1930
Spouses Name:
SSN: 371-30-6250
Fathers Name: Gordie Durkee
Mothers Name: Vina Willison
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 10
Marital Status: Widow, Widower

Place of Death

City: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death: Borgess Med Cen
Patient Status: Emergency Room/Outpatient

Residence

Address: 11137 S. Wall Lake Rd Barry
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Renal Failure
Line 2: Congestive Heart Failure
Line 3:
Line 4:

Other Conditions: L Compression Fracture
Injury Date:
Injury Description:
Occupation: Mechanic
Industry: Farm Implements

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 002982

Decedents Name: David Duron
Sex: Male
Date of Death: 01/19/996
Date of Birth: 08/23/951
Spouses Name: Jorja Howland
SSN: 366-54-5655
Fathers Name: Jose C. Duron
Mothers Name: Petra J. Jimenez
Place of Birth: Ohio
Ancestry: Mexican
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Wyoming
County: Kent

Hospital or Other Place of Death

Unclassified
Patient Status:

Residence

Address: 12560 West 9 Mile Rd.
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death: Accidental
Line 1: Multiple Injuries
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date: 01/19/1996
Description of Injury: Struck By Out Of Control Hi- Lo Truck
Occupation: Lift Truck Operator
Industry: Concrete Manufacturing

11/16/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 029558

Patient Information

Decedents Name: Ethel C. Doud
Sex: Female
Date of Death: 04/28/1998
Date of Birth: 12/07/1907
Spouses Name:
SSN: 377-54-1868
Fathers Name: Herert Sheldon
Mothers Name: Mable Gott
Place of Birth: Michigan
Ancestry: American
Armed Forces: No
Race: White
Education: 08
Marital Status: Widow, Widower

Place of Death

City: Battle Creek
County: Calhoun
Hospital or Other Place of Death: Battle Creek Health Systems
Patient Status: Inpatient

Residence

Address: 25060 Battle Creek HighwaAssyria
County: Barry
City: Assyria Twp
Zip Code: 49021

Manner of Death

Manner: Not Specified
Line 1: Congestive Heart Failure
Line 2: Gastrointestinal Bleed
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Homemaker
Industry: Own Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Elmer Dyer Sex: Male
Date of Death: 03/01/994 Date of Birth: 02/15/925 Age: 69
Fathers Last Name: Dyer

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 368-24-3312

Residence
County: Barry
City: Orangeville Twp Address: 6883 Marsh Road
Zip Code: 49080

Place of Birth: Kentucky
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 06

Underlying Cause of Death:

1629

Related Cause of Death (*)

111629
61496

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 16594

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: HENRY DYKSTRA Sex: Male
Date of Death: 12/28/993 Date of Birth: 05/12/914 Age: 79
Fathers Last Name: Dykstra

Place of Death
Hospital: Butterworth Hospital
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 386-10-5212

Residence
County: Barry
City: Thornapple Twp Address: 4395 Bender Rd.
Zip Code: 49333

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: Other Western European Race: White
Education: 08

Underlying Cause of Death:

4241

Related Cause of Death (*)

114275
124274
21)967
318781
414241
424280
614299

Autopsy: No Findings Available: No Actual Place: Hospital

Medical Examiner Case: Yes Mode of Death: Natural

Work Injury: Location:

State File Number: 76288

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.