DEATH TRANSCRIPTS OF BARRY COUNTY RESIDENTS

WHO DIED OUTSIDE BARRY COUNTY

Compiled by the Michigan Department of Health

This volume (Volume 3) begins with **Eagen**

and ends with **Gross**

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 068591

Decedents Name: Joan M. Eagen
Sex: Female
Date of Death: 10/29/995
Date of Birth: 07/14/907
Spouses Name:
SSN: 358-05-0916
Fathers Name: Warren Harris
Mothers Name: Ava Stevens
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
Battle Creek Health Systems
Patient Status: Inpatient

Residence
Address: 11681 Scott Park Road Barry
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Myocardial Infarction
Line 2: Hypertension
Line 3:
Line 4:
Other Conditions: Multi- Infarct Dementia
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: Own Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: GARY JOHN EARL Sex: Male
Date of Death: 11/19/993 Date of Birth: 09/17/931 Age: 62
Fathers Last Name: Earl

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

If Hospital: Emergency Room/Outpatient SSN: 377-30-3046

Residence
County: Barry
City: Johnstown Twp Address: 107 Woodridge Dr.
Zip Code: 49017

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

Underlying Cause of Death:

4254

Related Cause of Death (*)

114254

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 67674

(*) 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

11/16/98

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 030900

Patient Information

Decedents Name: Maurice E. Eaton
Sex: Male
Date of Death: 05/12/1998
Date of Birth: 12/13/1935
Spouses Name: Deborah G. Vliek
SSN: 365-34-2682
Fathers Name: Earl Eaton
Mothers Name: Alice R. Golden
Place of Birth: Michigan
Ancestry: French
Armed Forces: No
Race: White
Education: 08
Marital Status: Married

Place of Death

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

Residence

Address: 8245 Butler Road Maple Grove
County: Barry
City: Maple Grove Twp
Zip Code: 49073

Manner of Death

Manner: Not Specified
Line 1: Ruptured Thoracic Aorta
Line 2:
Line 3:
Line 4:

Other Conditions: Acute Right Carotid Artery Obstruction
Injury Date:
Injury Description:
Occupation: Fork Lift Driver
Industry: Autmobile Manufacturing

09/03/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 022751

Patient Information

Decedents Name: Monica J. Ediger
Sex: Female
Date of Death: 04/10/1998
Date of Birth: 08/22/1960
Spouses Name: Kevin L. Butcher
SSN: 381-76-3725
Fathers Name: James E. Cook
Mothers Name: Nancy L. Butcher
Place of Birth: Michigan
Ancestry: American Indian
Armed Forces: No
Race: White
Education: 2 years College
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: 4095 Mud Lake Road Johnston
County: Barry
City: Johnstown Twp
Zip Code: 49021

Manner of Death

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

Other Conditions: Metastatic Carcinoma Of Uterus
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: 002858

Decedents Name: Rosalyn Lee Eggebrecht
Sex: Female

Date of Death: 01/20/996
Date of Birth: 05/08/951

Spouses Name: None
SSN: 516-62-2248

Fathers Name: Wayne Snyder

Mothers Name: Melva Lockwood

Place of Birth: Montana

Ancestry: German

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

Nursing Home or Extended Care Facility
Patient Status: Unknown

Residence

Address: 12171 Saddler Rd. Orangeville
County: Barry

City: Orangeville Twp
Zip Code: 49080

Manner of Death: Not Specified

Line 1: Large Cell Carcinoma Of The Lung

Line 2:

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Nurses Aide

Industry: Nursing Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: RAYMOND C. EGGLESTON Sex: Male
Date of Death: 10/01/993 Date of Birth: 12/07/930 Age: 62
Fathers Last Name: Eggleston

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

If Hospital: Inpatient SSN: 380-28-4335

Residence
County: Barry
City: Rutland Twp Address: 14 N. Irving Road
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Widow, Widower
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

0622

Related Cause of Death (*)

110622
614019

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 62177

(*) 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: RITA EGGLESTON Sex: Female
Date of Death: 11/25/993 Date of Birth: 08/12/930 Age: 63
Fathers Last Name: Rodrigues

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

If Hospital: Inpatient SSN: 015-24-1949

Residence
County: Barry
City: Freeport Address: 228 Green St.
Zip Code: 49325

Place of Birth: Rhode Island
Armed Forces: No Marital Status: Married
Ancestry: Other Southern European Race: White
Education: High School

Underlying Cause of Death:

410

Related Cause of Death (*)

114279
21410
314149

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 76007

(*) 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 TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 068649

Decedents Name: Marie F. Ehredt
Sex: Female
Date of Death: 11/23/995
Date of Birth: 03/01/913
Spouses Name:
SSN: 369-52-6306
Fathers Name: William Schultz
Mothers Name: Wilhelmina Schmidt
Place of Birth: Illinois
Ancestry: German
Armed Forces: No
Race: White
Education: 09
Marital Status: Widow, Widower

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: 5250 Lacey Road Assyria
County: Barry
City: Assyria Twp
Zip Code: 49050

Manner of Death: Not Specified
Line 1: Acute Mi
Line 2:
Line 3:
Line 4:
Other Conditions: Cva With Expressive And Comprehensive Asphasia; Anemia; Comatose State
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: Own Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Charles R. Eldred Sex: Male
Date of Death: 03/09/994 Date of Birth: 09/03/934 Age: 59
Fathers Last Name: Eldred

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

If Hospital: Inpatient SSN: 377-30-8566

Residence
County: Barry
City: Assyria Twp Address: 9760 East Cox Rd.
Zip Code: 49021

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

Underlying Cause of Death:

4413

Related Cause of Death (*)

114413

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: No Mode of Death: Natural

Work Injury: Location:

State File Number: 16630

(*) 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: IRENE A. ELIASON Sex: Female
Date of Death: 06/13/993 Date of Birth: 02/26/910 Age: 83
Fathers Last Name: Longlais

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

If Hospital: Inpatient SSN: 370-10-6067

Residence
County: Barry
City: Johnstown Twp Address: 5172 Long Lake
Zip Code: 49050

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: Norwegian, Swedish Danish Race: White
Education: High School

Underlying Cause of Death:

4329

Related Cause of Death (*)

114329

Autopsy: Yes Findings Available: Yes Actual Place: Hospital

Medical Examiner Case: Yes Mode of Death: Natural

Work Injury: Location:

State File Number: 48061

(*) 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: 024307

Patient Information

Decedents Name: Robert Warren Elkey
Sex: Male
Date of Death: 04/02/1998
Date of Birth: 08/19/1923
Spouses Name: Phyllis E. Herrick
SSN: 008-12-3490
Fathers Name: George P. Elkey
Mothers Name: Dorothy Pelkey
Place of Birth: Vermont
Ancestry: French
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: 403 West Walnut St. Hastings
County: Barry
City: Hastings
Zip Code: 49058

Manner of Death

Manner: Not Specified
Line 1: Respiratory Failure
Line 2: Pneumonia
Line 3: Aspiration
Line 4: Hydrocephalus

Other Conditions:
Injury Date:
Injury Description:
Occupation: Military Personnel-retired
Industry: U.s. Army

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 069468

Patient Information

Decedents Name: Pat B. Elliott
Sex: Male
Date of Death: 11/23/997
Date of Birth: 02/15/948
Spouses Name: Sharie Lee Hurless
SSN: 370-46-9125
Fathers Name: Bert Elliott
Mothers Name: Eunice Hull
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: East Grand Rapids
County: Kent
Hospital or Other Place of Death: Blodgett Mem Med Cen
Patient Status: Inpatient

Residence

Address: 225 North Irving Road Rutland
County: Barry
City: Rutland Twp
Zip Code: 49058

Manner of Death

Manner: Not Specified
Line 1: Acute Inferior Posterior Myocardial Infarction
Line 2: Coronary Atherosclerosis
Line 3: Diabetes Mellitus
Line 4:

Other Conditions: Event Occurred After Bypass Graft Stenting
Injury Date:
Injury Description:
Occupation: Factory Worker
Industry: Automatic Sprinkler Mfg.

11/27/95

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

State: Michigan

File Number: 023103

Decedents Name: Laban John Ellis
Sex: Male
Date of Death: 03/30/995
Date of Birth: 01/23/927
Spouses Name: Frances Wheatley
SSN: 365-20-4971
Fathers Name: Milton Ward Ellis
Mothers Name: Zaidee May Decker
Place of Birth: Michigan
Hospital: Bronson Methodist Hospital
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: 11
Marital Status: Married

Place of Death

City: Kalamazoo
County: Kalamazoo
If Hospital: Inpatient

Residence

Address: 11904 Scott Park Rd. Barry
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Hepatic Failure
Line 2: Cryptogenic Cirrhosis
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Painter
Industry: Manufacturing

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

Decedents Name: MARY ELIZABETH ELMER Sex: Female
Date of Death: 03/09/993 Date of Birth: 09/21/927 Age: 65
Fathers Last Name: Marcellus

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

If Hospital: Inpatient SSN: 366-22-5125

Residence
County: Barry
City: Johnstown Twp Address: 1799 Hickory Rd.
Zip Code: 49017

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:

4140

Related Cause of Death (*)

115672
21)967
318782
324479
614140
627860

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 15457

(*) 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: Samantha Jo Ely Sex: Female
Date of Death: 12/15/994 Date of Birth: 01/18/972
Fathers Name: Lavern Ely
Mothers Name: Carolyn Burhans
Spouses Name:

Place of Death
Hospital: Unknown
City: Berlin Twp County: Ionia

If Hospital: SSN: 363-78-8033

Residence
County: Barry
City: Woodland Address: 384 N. Main St.
Zip Code: 48897

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

Underlying Cause of Death:

8129

Related Cause of Death (*)

11(54
12(62
618129

Autopsy: No Findings Available: Unknown Actual Place: Other

Medical Examiner Case: No Mode of Death: Accident

Work Injury: No Location: Street and Highway

State File Number: 076322

(*) 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: 068643

Decedents Name: Tracy Hugh Engler
Sex: Male
Date of Death: 10/30/996
Date of Birth: 10/19/952
Spouses Name:
SSN: 383-58-1475
Fathers Name: Andy Franklin Engler
Mothers Name: Barbara Jean Vandenburg
Place of Birth: Michigan
Ancestry: American
Armed Forces: Yes
Race: White
Education: 11
Marital Status: Divorced

Place of Death

City: Prairie Ronde Twp
County: Kalamazoo

Hospital or Other Place of Death

Unclassified
Patient Status:

Residence

Address: 10860 Ford Road Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49080

Manner of Death: Accidental
Line 1: Massive Head And Chest Trauma
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date: 10/30/1996
Description of Injury: Two- Car Accident At Intersection.
Occupation: Diesel Mechanic
Industry: Excavating Contractors

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Stell M. Engle Sex: Female
Date of Death: 01/18/994 Date of Birth: 07/18/925 Age: 68
Fathers Last Name: Jordan

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

If Hospital: Inpatient SSN: 366-20-6366

Residence
County: Barry
City: Woodland Twp Address: 6980 N. Woodland Rd.
Zip Code: 48897

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

Underlying Cause of Death:

4279

Related Cause of Death (*)

117860
214279
611990

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 3177

(*) 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: Arabelle J. Erway Sex: Female
Date of Death: 05/25/994 Date of Birth: 06/01/913 Age: 80
Fathers Last Name: Bivens

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

If Hospital: Inpatient SSN: 378-14-9537

Residence
County: Barry
City: Johnstown Twp Address: 14000 Hutchinson Road
Zip Code: 49050

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 1 year College

Underlying Cause of Death:

1579

Related Cause of Death (*)

11486
211579
614019
625621

Autopsy: Yes Findings Available: Yes Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 28848

(*) 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.

09/17/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS

State of Residence: Michigan

File Number: 009512

Decedents Name: William Edward Evans
Sex: Male

Date of Death: 02/02/997
Date of Birth: 01/06/933

Spouses Name: Grace Margaret Miller
SSN: 384-30-1473

Fathers Name: Carl D. Evans

Mothers Name: Dena Hildebrand

Place of Birth: Michigan

Ancestry: Other Western European

Armed Forces: Yes
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: 4210 Trails End Orangeville
County: Barry

City: Orangeville Twp
Zip Code: 49333

Manner of Death: Not Specified

Line 1: Metastatic Carcinoma- Esophagogastric Junction

Line 2:

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Plumber/pipefitter

Industry: Construction

12/02/97

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

State of Residence: Michigan

File Number: 030202

Patient Information

Decedents Name: Charles William Everitt
Sex: Male
Date of Death: 04/26/997
Date of Birth: 12/03/943
Spouses Name: Mary Waldo
SSN: 377-42-3246
Fathers Name: Not Available
Mothers Name: Pauline Moore
Place of Birth: Michigan
Ancestry: German
Armed Forces: Yes
Race: White
Education: 10
Marital Status: Married

Place of Death

City: Caledonia Twp
County: Kent
Hospital or Other Place of Death: Not Classifiable
Patient Status:

Residence

Address: 535 Donna Drive Woodland
County: Barry
City: Woodland Twp
Zip Code: 48849

Manner of Death

Manner: Accidental
Line 1: Multiple Injuries
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Crane Operator
Industry: Construction

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: LILLIAN B. FESSENDEN Sex: Female
Date of Death: 07/31/993 Date of Birth: 05/22/928 Age: 65
Fathers Last Name: Korevec, Sr.

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

If Hospital: Inpatient SSN: 355-22-2388

Residence
County: Barry
City: Hope Twp Address: 630 Scotts Dr.
Zip Code: 49046

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

Underlying Cause of Death:

1749

Related Cause of Death (*)

111749
121985

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 49423

(*) 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: 022409

Patient Information

Decedents Name: Daniel J. Fetters
Sex: Male
Date of Death: 03/28/1998
Date of Birth: 11/02/1910
Spouses Name: Gertrude N. Tiedeman
SSN: 370-07-1745
Fathers Name: Elmer Fetters
Mothers Name: Pearl Horning
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: 10
Marital Status: Married

Place of Death

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

---

Residence

Address: 497 Tanglewood Drive
County: Barry
City: Middleville
Zip Code: 49333

Manner of Death

Manner: Not Specified
Line 1: End Stage Cardiomyopathy
Line 2: Congestive Heart Failure
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Worker
Industry: Oil Fields

11/27/95

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

State: Michigan

File Number: 016524

Decedents Name: Marie M. Findlay
Sex: Female
Date of Death: 03/21/995
Date of Birth: 06/19/910
Spouses Name:
SSN: 386-10-3122
Fathers Name: John Miltgen
Mothers Name: Myrtle Henninger
Place of Birth: Wisconsin
Hospital: Butterworth Hospital
Ancestry: German
Armed Forces: No
Race: White
Education: 1 year College
Marital Status: Widow, Widower

Place of Death

City: Grand Rapids
County: Kent
If Hospital: Inpatient

Residence

Address: 500 N. Lincoln Middleville
County: Barry
City: Middleville
Zip Code: 49333

Manner of Death: Not Specified
Line 1: Hypoxia
Line 2: Severe Obstructive Lung Disease
Line 3: Heart Failure
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Homemaker/dental Assistant
Industry: Home/dental Office

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

Decedents Name: SHIRLEY JEAN FINK Sex: Female
Date of Death: 03/21/993 Date of Birth: 02/29/928 Age: 65
Fathers Last Name: Kittridge

Place of Death
Hospital: St Lawrence Hospital
City: Lansing County: Ingham

If Hospital: Inpatient SSN: 368-26-6676

Residence
County: Barry
City: Hastings Twp Address: C 70 Sundago Park
Zip Code: 49058

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

Underlying Cause of Death:

2730

Related Cause of Death (*)

110381
217071
312730
614140

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 15119

(*) 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: RODNEY WARD FINKBEINER Sex: Male
Date of Death: 11/28/993 Date of Birth: 11/09/928 Age: 65
Fathers Last Name: Finkbeiner

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

If Hospital: SSN: 378-22-9093

Residence
County: Barry
City: Thornapple Twp Address: 50 Harwood Lake Road
Zip Code: 49333

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: German Race: White
Education: 4 years of college

Underlying Cause of Death:

4292

Related Cause of Death (*)

114284
612500
624029

Autopsy: No Findings Available: Unknown Actual Place: Home

Medical Examiner Case: No Mode of Death: Natural

Work Injury: Location:

State File Number: 76347

(*) 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: PHILOMENA M. FINNEGAN Sex: Female
Date of Death: 07/17/993 Date of Birth: 04/26/913 Age: 80
Fathers Last Name: Thiemer

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

If Hospital: Inpatient SSN: 130-20-6086

Residence
County: Barry
City: Barry Twp Address: 5641 Orchard Street
Zip Code: 49046

Place of Birth: New York
Armed Forces: No Marital Status: Widow, Widower
Ancestry: Italian Race: White
Education: 2 years College

Underlying Cause of Death:

496

Related Cause of Death (*)

114289
21496

Autopsy: No Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 42759

(*) 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: 030028

Patient Information

Decedents Name: Fern Jeannette Finnie
Sex: Female
Date of Death: 05/12/997
Date of Birth: 09/25/913
Spouses Name:
SSN: 380-01-9627
Fathers Name: Harry Drolema
Mothers Name: Trintje Heun
Place of Birth: Illinois
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

Place of Death

City: Grand Rapids
County: Kent
Hospital or Other Place of Death:
Patient Status: Unknown
Convalescent home, nursing home, medical care facility or hospice

Residence

Address: 411 Thornapple Lake Road
County: Barry
City: Castleton Twp
Zip Code: 49058

Manner of Death

Manner: Not Specified
Line 1: Parkinson Plus Syndrome
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Self-employed
Industry: Grocery

11/16/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 031226

Patient Information

Decedents Name: Doris Fisher
Sex: Female
Date of Death: 05/15/1998
Date of Birth: 05/11/1916
Spouses Name: Fay Fisher
SSN: 370-10-8368
Fathers Name: Howard Kelly
Mothers Name: Kathryn Riley
Place of Birth: Michigan
Ancestry: American
Armed Forces: No
Race: White
Education: 10
Marital Status: Married

Place of Death

City: Grand Rapids
County: Kent
Hospital or Other Place of Death:
Patient Status: Unknown
Convalescent home, nursing home, medical care facility or hospice

Residence

Address: 6445 Thornapple Lk. Rd. Castleton
County: Barry
City: Castleton Twp
Zip Code: 49073

Manner of Death

Manner: Not Specified
Line 1: Multi Infarct Dementia
Line 2:
Line 3:
Line 4:

Other Conditions: Malnutrition
Injury Date:
Injury Description:
Occupation: Cook
Industry: Restaurant

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

07/30/98

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 003014

Patient Information

Decedents Name: Marjorie C. Fitch
Sex: Female
Date of Death: 01/21/1998
Date of Birth: 12/31/1907
Spouses Name:
SSN: 377-68-7193
Fathers Name: Clayton Carter
Mothers Name: Edith Keeney
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: Kentwood
County: Kent
Hospital or Other Place of Death:
Patient Status: Unknown
Convalescent home, nursing home, medical care facility or hospice

Residence

Address: 6703 Noffke Dr. Thornapple
County: Barry
City: Thornapple Twp
Zip Code: 49316

Manner of Death

Manner: Not Specified
Line 1: Terminal Severe Aortic Stenosis
Line 2: Congestive Heart Failure
Line 3: Pulmonary Hypertension
Line 4:

Other Conditions: Anemia
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: Eleanor Ruth Foote Sex: Female
Date of Death: 12/26/994 Date of Birth: 01/02/923
Fathers Name: Frank Sessink
Mothers Name: Elizabeth De Laat
Spouses Name: Robert H. Foote

Place of Death
Hospital: St Mary's Health Services - Grand Rapids
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 381-16-6595

Residence
County: Barry
City: Yankee Springs Twp Address: 1555 Yankee Springs Road
Zip Code: 49333

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

Underlying Cause of Death:

4049

Related Cause of Death (*)

114280
21586
314019
611629
625742

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 077011

(*) 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: Maurice Edwin Ford Sex: Male
Date of Death: 05/06/994 Date of Birth: 06/07/912 Age: 81
Fathers Last Name: Ford

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

If Hospital: DOA with hospital name SSN: 385-10-3549

Residence
County: Barry
City: Barry Twp Address: 606 S. Grove St.
Zip Code: 49046

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

Underlying Cause of Death:

4415

Related Cause of Death (*)

114590
214415
314416
614019

Autopsy: No Findings Available: Unknown Actual Place: Home

Medical Examiner Case: Yes Mode of Death: Natural

Work Injury: Location:

State File Number: 30143

(*) 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.

01/15/98

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

State of Residence: Michigan

File Number: 049178

Patient Information

Decedents Name: Edith A. Fosburg
Sex: Female

Date of Death: 07/28/997
Date of Birth: 05/25/920

Spouses Name:
SSN: 380-26-2173

Fathers Name: Charles Phillips

Mothers Name: Bertha Sowers

Place of Birth: Michigan

Ancestry: German

Armed Forces: No
Race: White

Education: 10
Marital Status: Widow, Widower

Place of Death

City: Ionia
County: Ionia

Hospital or Other Place of Death:
Ionia County Memorial Hospital
Patient Status: Emergency Room/Outpatient

Residence

Address: 483 Pollard Dr Woodland
County: Barry

City: Woodland Twp
Zip Code: 48849

Manner of Death

Manner: Not Specified

Line 1: Acute Myocardial Infarction

Line 2: Arteriosclerotic Heart Dx

Line 3:

Line 4:

Other Conditions:

Injury Date:

Injury Description:

Occupation: Homemaker

Industry: Self Employed

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: FRANK W. FRANCISCO Sex: Male
Date of Death: 07/12/993 Date of Birth: 03/20/909 Age: 84
Fathers Last Name: Francisco

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

If Hospital: Inpatient SSN: 368-01-8465

Residence
County: Barry
City: Barry Twp Address: 221 Scribner St.
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: French Race: White
Education: 10

Underlying Cause of Death:

4148

Related Cause of Death (*)

114280
214148
614241
625789

Autopsy: No Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 42743

(*) 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.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E Hickory Cemetery

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

DECEDENT DATA	NAME OF DECEDENT: MARY ELLEN FREED			DATE OF DEATH: December 24, 1960
	SEX: Female	COLOR OR RACE: White	BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois	DATE OF BIRTH: May 6, 1893
	PLACE OF DEATH—CITY OR TOWN: Upland		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA): San Bernardino	
DISPOSITION	CHECK ONE: [X] BURIAL [ ] ENTOMBMENT [ ] CREMATION [ ] DISINTERMENT AND REINTERMENT		NAME AND ADDRESS OF CEMETERY OR COLUMBARIUM WHERE REMAINS ARE TO BE INTERRED: E. Hickory Corner Cem. Hickory Corner Mich.	
FUNERAL DIRECTOR AND INFORMANT	NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Griffith Mortuary	NAME OF SPOUSE OR OTHER INFORMANT: John Freed Jr.	ADDRESS OF SPOUSE OR OTHER INFORMANT: 9998 Benson Ave. Montclair, Calif.	
LOCAL REGISTRAR	In accordance with provisions of the California Health and Safety Code permission is hereby granted for disposition as specified in this permit.			
	DATE PERMIT ISSUED: Dec. 26 1960	SIGNATURE OF LOCAL REGISTRAR ▶ [signature]		
CEMETERY OR COLUMBARIUM	DATE CREMATED OR INTERRED	SIGNATURE OF PERSON IN CHARGE OF CEMETERY OR COLUMBARIUM ▶		

SEE INSTRUCTIONS ON REVERSE

REV. 1-1-57. FORM RAS-9

---

4 Cert. copies to O.D. White 2727 2nd

FORM V.S. NO. [illegible]
REV. 1-56
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. [illegible]

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky b. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Louisville IS RESIDENCE ON A FARM? YES [ ] NO [X]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS 107 Harlan IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]

3. NAME OF DECEASED (Type or Print)	a. (First) Emery	b. (Middle)	c. (Last) Sterling	4. DATE OF DEATH	(Month)	(Day)	(Year)
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 13	9. AGE (In years last birthday) 71	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 Farming	11. BIRTHPLACE (State or foreign country) Ky	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME MYRON STERLING Sr		14. MOTHER'S MAIDEN NAME Laura Bausch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. [illegible]	17. INFORMANT Mrs. Floyd Sterling	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) — 19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]	21a. DESCRIBE HOW INJURY OCCURRED (*Enter nature of injury in Part I or Part II of item 18.*)	
21b. TIME OF INJURY *Hour a. m. p. m. Month, Day, Year*		
21c. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21d. PLACE OF INJURY (*e. g., in or about home, farm, factory, street, office bldg., etc.*)	21e. CITY, TOWN, OR LOCATION COUNTY STATE

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. DATE SIGNED	23b. ADDRESS 12-6-62	23c. SIGNATURE (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE [illegible]	24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Adolph Reginald Freedlund Sex: Male
Date of Death: 12/19/993 Date of Birth: 11/13/902 Age: 91
Fathers Last Name: Freedlund

Place of Death
Hospital: Ionia County Memorial Hospital
City: Ionia County: Ionia

If Hospital: Inpatient SSN: 378-05-8608

Residence
County: Barry
City: Middleville Address: 500 Lincoln
Zip Code: 49333

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: Norwegian, Swedish Danish Race: White
Education: High School

Underlying Cause of Death:

486

Related Cause of Death (*)

11486

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 75467

(*) 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.

09/17/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS

State of Residence: Michigan

File Number: 009705

Decedents Name: Samara Lee Freeman

Sex: Female

Date of Death: 01/30/997

Date of Birth: 01/30/997

Spouses Name:

SSN:

Fathers Name: Jon E. Freeman

Mothers Name: Leslie J Alma

Place of Birth: Michigan

Ancestry: German

Armed Forces: No

Race: White

Education: None

Marital Status: Never Married

Place of Death

City: Grand Rapids

County: Kent

Hospital or Other Place of Death

Butterworth Hospital

Patient Status: Inpatient

Residence

Address: 6405 N. Middleville Rd. Rutland

County: Barry

City: Rutland Twp

Zip Code: 49058

Manner of Death: Not Specified

Line 1: Respiratory Failure

Line 2: Probable Hypoplastic Lungs

Line 3: Suspected Diaphragmatic Hernia

Line 4:

Other Conditions: Two Vessel Cord, Rib And Vertebral Anomalies Pneumoperitoneum, Pneumothorax

Injury Date:

Description of Injury:

Occupation: Never Employed

Industry:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: BARBARA F. FREY Sex: Female
Date of Death: 12/22/993 Date of Birth: 12/04/932 Age: 61
Fathers Last Name: WEST

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

If Hospital: Inpatient SSN: 261-42-4486

Residence
County: Barry
City: Carlton Twp Address: 158 CARLTON CENTER RD.
Zip Code: 49058

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

Underlying Cause of Death:

2028

Related Cause of Death (*)

112028

Autopsy: No Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 75943

(*) 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: 025452

Decedents Name: Ruth Wilma Freyling
Sex: Female
Date of Death: 04/08/996
Date of Birth: 02/07/927
Spouses Name:
SSN: 384-24-6512
Fathers Name: John Goodblood
Mothers Name: Lena Marsman
Place of Birth: Michigan
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: 08
Marital Status: Widow, Widower

Place of Death

City: Georgetown Twp
County: Ottawa

Hospital or Other Place of Death

Unclassified
Patient Status:

Residence

Address: 1314 Lynn Middleville
County: Barry
City: Middleville
Zip Code: 49333

Manner of Death: Not Specified

Line 1: Amyotrophic Lateral Sclerosis

Line 2:

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Homemaker/park Employee

Industry: Own Home

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 042841

Decedents Name: Mara Anne Frye
Sex: Female
Date of Death: 06/27/996
Date of Birth: 06/26/996
Spouses Name:
SSN:
Fathers Name: Roger Frye
Mothers Name: De Ann Ball
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Unkn
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: 14604 Lockshore Rd. Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49060

Manner of Death: Not Specified
Line 1: Sepsis
Line 2:
Line 3:
Line 4:
Other Conditions: Prematurity
Injury Date:
Description of Injury:
Occupation: Never Employed
Industry:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: RUTH L. FURHOFF Sex: Female
Date of Death: 11/15/993 Date of Birth: 09/15/915 Age: 78
Fathers Last Name: Gobatt

Place of Death
Hospital: Ionia County Memorial Hospital
City: Ionia County: Ionia

If Hospital: Inpatient SSN: 368-38-2574

Residence
County: Barry
City: Castleton Twp Address: 6265 Thornapple Lk Rd
Zip Code: 49073

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

Underlying Cause of Death:

1629

Related Cause of Death (*)

115789
211629
31725

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 68768

(*) 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: 056004

Decedents Name: Gary M. Gahan
Sex: Male
Date of Death: 09/27/996
Date of Birth: 03/16/941
Spouses Name: Patricia A. Andrews
SSN: 376-40-1461
Fathers Name: Paul Gahan
Mothers Name: Donna Bogerd
Place of Birth: Michigan
Ancestry: Irish
Armed Forces: No
Race: White
Education: 2 years College
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: 1540 Liberty Lane Hastings
County: Barry
City: Hastings
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Metastatic Squamous Cell Carcinoma Of Lung
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Vice President
Industry: Insurance

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 009146

Decedents Name: Douglas M Gainder
Sex: Male

Date of Death: 01/30/996
Date of Birth: 02/26/916

Spouses Name: Dorris Mc Intyre
SSN: 366-38-2451

Fathers Name: Alfred Gainder

Mothers Name: Bernice Mc Martin

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: 11863 Scott Park Rd. Barry
County: Barry

City: Barry Twp
Zip Code: 49046

Manner of Death: Not Specified

Line 1: Renal Failure

Line 2: Multiple Myeloma

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Carpenter

Industry: Self-employed

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: ALICE I. GALLAGHER Sex: Female
Date of Death: 03/27/993 Date of Birth: 07/12/912 Age: 80
Fathers Last Name: Carpenter

Place of Death
Hospital: Unknown
City: Battle Creek County: Calhoun

If Hospital: Inpatient SSN: 365-20-2568

Residence
County: Barry
City: Johnstown Twp Address: 15821 Uldriks Drive
Zip Code: 49017

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

Underlying Cause of Death:

887

Related Cause of Death (*)

110389
21)588
617872
62(20
63887

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

Medical Examiner Case: Unknown Mode of Death: Accident

Work Injury: Unknown Location: Unknown

State File Number: 14032

(*) 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.

Hastings Banner ✓
Enquirer-News ✓

FUNERAL NOTICE FOR
THE STURGIS DAILY JOURNAL

Full name of deceased Seth Elbert Gaither (First Middle Last) Age 78

Address 227 Wekwetayek Way Battle Creek Twp.

Day and time of death Sun July 24 1927 10 am Cause

Where death occurred Home w daughter

Period of illness failing health past 5 yrs.

-:-

Where born Allegan Co Mich. Date of birth Jan 21 1849

Child of whom Edwin and Alice Brooks Gaither

Places of residence for what periods Battle Creek past 6 yrs. Lived on farm in Barry Twp. for 40 years

When married and to whom Oct 29, 1912 Clara Phillips

where married Galesburg, Mich.

REMARKS: (Life work, etc.) Farming

Member of what church

Society affiliations Farm Bureau

Other information Friends are invited at the home of Mrs. Smith 7 H in Wattles addition will be conducted at 2 o'clock with Rev Hill officiating Interment in East Hickory Cem

Surviving relatives Widow, one daughter Mrs Robt (Lucile) Campbell of Battle Creek Mich 4 grandchildren Wallace 360, Edwin of San Diego Cal, (X) Alfred & Esther Fenner, Mildred of Hammond, Ind and Miss Dorothy McMartin of Glenn Cal, several nieces and nephews

Place of funeral service W.S.T.H.

Date of funeral Wed July 27 1927 Hour 2 p.m.

Clergyman Rev David L. Hill Place of burial East Hickory Cemetery

Undertaker

07/30/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 009830

Patient Information

Decedents Name: Vera E. Gardner
Sex: Female
Date of Death: 02/16/1998
Date of Birth: 03/02/1909
Spouses Name:
SSN: 367-22-6570
Fathers Name: Edgar Durst
Mothers Name: Annie Jane Spence
Place of Birth: Michigan
Ancestry: Other North, Central and South American
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

Place of Death

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

Residence

Address: 12574 Park Drive Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49348

Manner of Death

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

Other Conditions:
Injury Date:
Injury Description:
Occupation: Receptionist
Industry: Medical Doctor's Office

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 043430

Decedents Name: Georgia Marion Garms
Sex: Female
Date of Death: 07/16/995
Date of Birth: 08/31/918
Spouses Name:
SSN: 366-18-5618
Fathers Name: George Taylor
Mothers Name: Agnes Crawford
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: Ross Twp
County: Kalamazoo
Hospital or Other Place of Death
Unclassified
Patient Status:

Residence
Address: 525 West Hobbs Road Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49046

Manner of Death: Accidental
Line 1: Multiple Trauma (body & Head)
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date: 07/16/1995
Description of Injury: Auto Vs Pick-up P.i. Accident
Occupation: Registered Nurse
Industry: Hospital

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Richard E. Garrett Sex: Male
Date of Death: 11/28/994 Date of Birth: 11/06/948
Fathers Name: Jim Garrett
Mothers Name: Mary Wilson
Spouses Name:

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

If Hospital: Emergency Room/Outpatient SSN: 366-54-0762

Residence
County: Barry
City: Barry Twp Address: 11583 Scott Park Road
Zip Code: 49046

Place of Birth: Tennessee
Armed Forces: Yes Marital Status: Divorced
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 11

Underlying Cause of Death:

410

Related Cause of Death (*)

11410
214140

Autopsy: Yes Findings Available: Yes Actual Place: Hospital

Medical Examiner Case: No Mode of Death: Natural

Work Injury: Location:

State File Number: 076504

(*) 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: Larita Pearl George Sex: Female
Date of Death: 11/14/994 Date of Birth: 08/10/943
Fathers Name: Charles Earl Pratt
Mothers Name: Fern Parks
Spouses Name:

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

If Hospital: Inpatient SSN: 375-42-0684

Residence
County: Barry
City: Hastings Address: PO Box 381 235 High St.
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: No Marital Status: Divorced
Ancestry: American Race: White
Education: 2 years College

Underlying Cause of Death:

1729

Related Cause of Death (*)

111990
211729

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 070073

(*) 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.

09/17/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS

State of Residence: Michigan

File Number: 016238

Decedents Name: Richrd L. George
Sex: Male

Date of Death: 03/16/997
Date of Birth: 09/08/923

Spouses Name: Evelyn M. White
SSN: 379-12-4753

Fathers Name: Lloyd Dealton George

Mothers Name: Marvel May Harvey

Place of Birth: Michigan

Ancestry: British, Scotch, Welsh, Scotch Irish

Armed Forces: Yes
Race: White

Education: 08
Marital Status: Married

Place of Death

City: Grand Rapids
County: Kent

Hospital or Other Place of Death

Metropolitan Hospital
Patient Status: Inpatient

Residence

Address: 1526 Pinedale Dr. Hastings
County: Barry

City: Hastings
Zip Code: 49058

Manner of Death: Not Specified

Line 1: Congestive Heart Failure

Line 2: Arrhythmia

Line 3: Cardiomyopathy

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Delivering

Industry: Delivery Service

11/27/95

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

State: Michigan

File Number: 023534

Decedents Name: Paul L. Gibson
Sex: Male
Date of Death: 04/22/995
Date of Birth: 08/05/913
Spouses Name: Ethel M. Prentice
SSN: 368-18-7135
Fathers Name: Loren Gibson
Mothers Name: Rhoda Wesbrook
Place of Birth: Michigan
Hospital: Unknown
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Grand Rapids
County: Kent
If Hospital: Inpatient

Residence

Address: 4631 Robertson Rd. Thornapple
County: Barry
City: Thornapple Twp
Zip Code: 49333

Manner of Death: Not Specified
Line 1: Parkinson's Disease
Line 2: Prostate Ca With Metastasis
Line 3: Coronary Artery Disease
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Farmer
Industry: Farming

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Jack Gilbert Sex: Male
Date of Death: 12/12/993 Date of Birth: 11/22/918 Age: 75
Fathers Last Name: Gilbert

Place of Death
Hospital: St Mary's Health Services - Grand Rapids
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 018-05-5427

Residence
County: Barry
City: Thornapple Twp Address: 7328 Robertson
Zip Code: 49333

Place of Birth: Massachusetts
Armed Forces: Yes Marital Status: Widow, Widower
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

486

Related Cause of Death (*)

11486
612989

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 76152

(*) 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: Jo Ann M. Gilbert Sex: Female
Date of Death: 06/01/994 Date of Birth: 01/13/976
Fathers Name: Douglas Rose
Mothers Name: Katrina Fenner
Spouses Name:

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

If Hospital: Inpatient SSN: 367-86-1590

Residence
County: Barry
City: Castleton Twp Address: 6405 Thornapple Lake Rd.
Zip Code: 49073

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: American Race: White
Education: 10

Underlying Cause of Death:

8160

Related Cause of Death (*)

11)598
618160
319290
615900

Autopsy: Yes Findings Available: Yes Actual Place: Hospital

Medical Examiner Case: No Mode of Death: Accident

Work Injury: No Location: Street and Highway

State File Number: 036988

(*) 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

12/02/97

DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 022963

Patient Information

Decedents Name: Leta Rose Gillette
Sex: Female
Date of Death: 04/03/997
Date of Birth: 09/13/920
Spouses Name:
SSN: 383-07-0637
Fathers Name: Harry Bond
Mothers Name: Martha Bowers
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 08
Marital Status: Widow, Widower

Place of Death

City: Grand Rapids
County: Kent
Hospital or Other Place of Death:
Metropolitan Hospital
Patient Status: Emergency Room/Outpatient

Residence

Address: 308 Larkin St. Middleville
County: Barry
City: Middleville
Zip Code: 49333

Manner of Death

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

Other Conditions: Ovarian & Renal Carcinoma- Treated
Injury Date:
Injury Description:
Occupation: Owner-operator
Industry: Restaurant

11/27/95

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

State: Michigan

File Number: 000899

Decedents Name: Dora M. Glass
Sex: Female
Date of Death: 01/08/995
Date of Birth: 09/01/916
Spouses Name:
SSN: 363-16-4090
Fathers Name: Dan Thorn
Mothers Name: Ruby Houck
Place of Birth: Indiana
Hospital: Unknown
Ancestry: German
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

Place of Death

City: Wayland
County: Allegan
If Hospital: Inpatient

Residence

Address: 725 S. Bassett Lake Rd. Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49333

Manner of Death: Not Specified
Line 1: Arteriosclerotic Vascular Disease
Line 2:
Line 3:
Line 4:
Other Conditions: Insulin Dependent Diabetes Mellitus, Hypothyroidism
Injury Date:
Description of Injury:
Occupation: Housewife
Industry: Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Clara Alice Gleesing Sex: Female
Date of Death: 10/09/993 Date of Birth: 11/26/942 Age: 50
Fathers Last Name: Willson

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

If Hospital: Inpatient SSN: 371-44-8048

Residence
County: Barry
City: Prairieville Twp Address: 5201 M-43
Zip Code: 49060

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

Underlying Cause of Death:

1410

Related Cause of Death (*)

117991
211410
612500

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 61992

(*) 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: M. Clark Goebel Sex: Male
Date of Death: 05/16/994 Date of Birth: 04/16/924 Age: 70
Fathers Last Name: Goebel

Place of Death
Hospital: VA Med Cen - Ann Arbor
City: Ann Arbor County: Washtenaw

If Hospital: Inpatient SSN: 385-14-2249

Residence
County: Barry
City: Hope Twp Address: 7687 S. Wall Lake Road
Zip Code: 49035

Place of Birth: Illinois
Armed Forces: Yes Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

1619

Related Cause of Death (*)

211619
614349

Autopsy: Yes Findings Available: Yes Actual Place: Other Instituti

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 32943

(*) 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: 012495

Decedents Name: Alice Mae Gollnick
Sex: Female
Date of Death: 02/14/996
Date of Birth: 12/13/923
Spouses Name:
SSN: 362-28-6902
Fathers Name: Luther Ford
Mothers Name: Anna Louise Knute
Place of Birth: Iowa
Ancestry: German
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

Place of Death
City: Garden City
County: Wayne

Hospital or Other Place of Death
Garden City Osteopathic Hospital
Patient Status: Inpatient

Residence
Address: 1024 Charlton Drive Hasting
County: Barry
City: Hastings
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Hepatic Encephalopathy
Line 2: Adenocarcinoma Breast With Metastasis To Liver
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Type Setter
Industry: Printing

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

03/27/98

DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 063096

Patient Information

Decedents Name: Nancy Jo Goodacre
Sex: Female
Date of Death: 10/05/997
Date of Birth: 03/15/950
Spouses Name: None
SSN: 380-54-7401
Fathers Name: James Martin Riemens
Mothers Name: Vivian Louise Crawford
Place of Birth: Michigan
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: High School
Marital Status: Divorced

Place of Death

City: Caledonia Twp
County: Kent
Hospital or Other Place of Death: Not Classifiable
Patient Status:

Residence

Address: Home Yankee Springs
County: Barry
City: Yankee Springs Twp
Zip Code: 49348

Manner of Death

Manner: Accidental
Line 1: Multiple Systems Trauma
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date: 10/05/1997
Injury Description: Tow Car Front Crash
Occupation: Homemaker
Industry: Home

12/02/97

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

State of Residence: Michigan

File Number: 022772

Patient Information

Decedents Name: George, Jr A. Goretzka
Sex: Male
Date of Death: 04/23/997
Date of Birth: 11/10/923
Spouses Name: Jeanette Corsiglia
SSN: 370-12-7464
Fathers Name: George A. Goretzka
Mothers Name: Mary Ballman
Place of Birth: Michigan
Ancestry: German
Armed Forces: Yes
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: 3869 England Drive Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49344

Manner of Death

Manner: Not Specified
Line 1: Metastatic Lung Carcinoma
Line 2:
Line 3:
Line 4:

Other Conditions: Right Middle Lobe & Lower Lobe Pneumonia, Dehydration; Hypothyroidism
Injury Date:
Injury Description:
Occupation: Supervisor
Industry: Pharmaceutical

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS

State of Residence: Michigan

File Number: 002965

Decedents Name: Arlo Dean Graham
Sex: Male
Date of Death: 01/03/997
Date of Birth: 09/19/915
Spouses Name:
SSN: 380-05-2954
Fathers Name: Orval Graham
Mothers Name: Bertha Wise
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 08
Marital Status: Widow, Widower

Place of Death

City: Grand Rapids
County: Kent

Hospital or Other Place of Death

Butterworth Hospital
Patient Status: Inpatient

Residence

Address: 1018 Reed Street Nashville
County: Barry
City: Nashville
Zip Code: 49073

Manner of Death: Not Specified
Line 1: Acute Myocardial Infarction
Line 2: Ventricular Arrhythmia
Line 3: Coronary Artery Disease
Line 4:
Other Conditions: Diabetes Mellitus.
Injury Date:
Description of Injury:
Occupation: Concrete
Industry: Cheney Concrete Co

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

Decadents Name: HELEN M. GRAY Sex: Female
Date of Death: 05/10/993 Date of Birth: 11/28/909 Age: 83
Fathers Last Name: Marple

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

If Hospital: Inpatient SSN: 363-56-3613

Residence
County: Barry
City: Prairieville Twp Address: 12241 Oakridge Rd
Zip Code: 49080

Place of Birth: Illinois
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 2 years College

Underlying Cause of Death:

1629

Related Cause of Death (*)

111970
211629
614019

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 29584

(*) 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.

09/17/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS

State of Residence: Michigan

File Number: 007924

Decedents Name: Robert H. Gray
Sex: Male
Date of Death: 02/03/997
Date of Birth: 11/23/907
Spouses Name: N/ A
SSN: 368-34-2750
Fathers Name: Edward Lee Gray
Mothers Name: Francis Humbert
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: Otsego
County: Allegan

Hospital or Other Place of Death
Unknown
Patient Status:

Residence
Address: 12241 Oakridge Lane Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49080

Manner of Death: Not Specified
Line 1: Dementia- Multiple Microvascular Infarction
Line 2: Arteriosclerotic Vascular Disease
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Self Employed
Industry: Electrician

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Roger LeRoy Green Sex: Male
Date of Death: 07/24/994 Date of Birth: 04/13/940 Age: 54
Fathers Last Name: Green

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

If Hospital: SSN: 378-38-3741

Residence
County: Barry
City: Prairieville Twp Address: 11452 Peninsular Dr.
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: Other Western European Race: White
Education: 11

Underlying Cause of Death:

8199

Related Cause of Death (*)

11(69
618199

Autopsy: No Findings Available: Unknown Actual Place: Other

Medical Examiner Case: No Mode of Death: Accident

Work Injury: No Location: Street and Highway

State File Number: 43351

(*) 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: 074553

Patient Information

Decedents Name: Howard W Grein
Sex: Male
Date of Death: 12/02/997
Date of Birth: 11/28/926
Spouses Name: Mary M. Hejl
SSN: 368-26-2182
Fathers Name: Walter John Grein
Mothers Name: Mildred Jackson
Place of Birth: Michigan
Ancestry: German
Armed Forces: Yes
Race: White
Education: 08
Marital Status: Married

Place of Death

City: Bedford Twp
County: Calhoun
Hospital or Other Place of Death:
VA Medical Center - Battle Creek
Patient Status: Inpatient

Residence

Address: 277 Lakeside Dr. Hope
County: Barry
City: Hope Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Chronic Obstructive Pulmonary Disease
Line 2: Coronary Artery Disease
Line 3: Polyneuropathy
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Laborer
Industry: Construction

02/02/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
Non-Resident Transcripts

State of Residence: Michigan

File Number: 055917

Patient Information

Decedents Name: Greta S. Greiner
Sex: Female
Date of Death: 09/13/997
Date of Birth: 09/14/916
Spouses Name:
SSN: 076-22-1976
Fathers Name: Lambert Sal
Mothers Name: Jennie Termeer
Place of Birth: Michigan
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: 08
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: 6510 Noffke Dr. Thornapple
County: Barry
City: Thornapple Twp
Zip Code: 49316

Manner of Death

Manner: Not Specified
Line 1: Pneumonia
Line 2: Chronic Obstructive Pulmonary Disease
Line 3:
Line 4:

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

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Peggie Eileen Grewett Sex: Female
Date of Death: 04/16/994 Date of Birth: 01/13/938 Age: 56
Fathers Last Name: Millikin

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

If Hospital: Inpatient SSN: 288-34-5988

Residence
County: Barry
City: Prairieville Twp Address: 14247 Burchett Road
Zip Code: 49080

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

Underlying Cause of Death:

1749

Related Cause of Death (*)

115729
211749
311977

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 23622

(*) 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: Kathryn Christena Griffeth Sex: Female
Date of Death: 08/27/994 Date of Birth: 04/17/919 Age: 75
Fathers Last Name: Eggleston

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

If Hospital: SSN: 384-24-5224

Residence
County: Barry
City: Yankee Springs Twp Address: 305 N. Norris Rd.
Zip Code: 49333

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

Underlying Cause of Death:

1539

Related Cause of Death (*)

111977
211539

Autopsy: No Findings Available: Unknown Actual Place: Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 50200

(*) 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.

08/26/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 017050

Patient Information

Decedents Name: Carl Wayne Griffith
Sex: Male
Date of Death: 03/02/1998
Date of Birth: 08/02/1965
Spouses Name:
SSN: 362-70-6918
Fathers Name: Carl J. Griffith
Mothers Name: Shelby Dean Hand
Place of Birth: Michigan
Ancestry: Irish
Armed Forces: No
Race: White
Education: 11
Marital Status: Divorced

Place of Death

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

Residence

Address: 202 South Grove Delton
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Subdural Empyema
Line 2: Meningitis
Line 3: Sinusitis
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Roofing
Industry: Construction

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Lawrence Griswold Sex: Male
Date of Death: 09/17/994 Date of Birth: 07/02/914
Fathers Name: Mortimer Griswold
Mothers Name: Millie Hillard
Spouses Name:

Place of Death
Hospital: McLaren Gen Hospital
City: Flint County: Genesee

If Hospital: Inpatient SSN: 379-05-7942

Residence
County: Barry
City: Maple Grove Twp Address: 1715 W. Gary Rd.
Zip Code: 48457

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

Underlying Cause of Death:

4149

Related Cause of Death (*)

114280
214019
224149
61586
62496

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 055838

(*) 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: Todd Dewitt Grinage Sex: Male
Date of Death: 06/05/993 Date of Birth: 12/03/968 Age: 24
Fathers Last Name: Grinage

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

If Hospital: Inpatient SSN: 378-96-4834

Residence
County: Barry
City: Nashville Address: 218 Cleveland St.
Zip Code: 49073

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

Underlying Cause of Death:

1629

Related Cause of Death (*)

111629
217997
227997
612765
627997
63887

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 36062

(*) 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: 072506

Decedents Name: Eugene Victor Grochowski
Sex: Male

Date of Death: 10/27/995
Date of Birth: 09/04/966

Spouses Name: None
SSN: 341-50-6985

Fathers Name: Eugene C. Grochowski

Mothers Name: Francine Wiktor

Place of Birth: Illinois

Ancestry: Polish

Armed Forces: No
Race: White

Education: 2 years College
Marital Status: Never Married

Place of Death

City: Grand Haven
County: Ottawa

Hospital or Other Place of Death
Unclassified
Patient Status:

Residence

Address: 3090 Big Cedar Lake Road Barry
County: Barry

City: Barry Twp
Zip Code: 49046

Manner of Death: Accidental

Line 1: Asphyxiation

Line 2: Drowning

Line 3:

Line 4:

Other Conditions:

Injury Date: 10/27/1995

Description of Injury: Drowning - Swept Off Pier

Occupation: Dispatcher

Industry: Hospital

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: David Gross Sex: Male
Date of Death: 12/22/994 Date of Birth: 04/16/923
Fathers Name: David Gross
Mothers Name: Merle Skidmore
Spouses Name: Frances Warner

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

If Hospital: Inpatient SSN: 236-24-0007

Residence
County: Barry
City: Irving Twp Address: 4725 Buehler Rd.
Zip Code: 49058

Place of Birth: West Virginia
Armed Forces: Yes Marital Status: Married
Ancestry: German Race: White
Education: 05

Underlying Cause of Death:

4919

Related Cause of Death (*)

114919
614280

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 076959

(*) 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.