DEATH TRANSCRIPTS OF BARRY COUNTY RESIDENTS

WHO DIED OUTSIDE BARRY COUNTY

Compiled by the Michigan Department of Health

This volume (Volume 4) begins with **Guthrie** and ends with **Jurisic**

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS

State of Residence: Michigan

File Number: 001378

Decedents Name: Patricia Lou Guthrie
Sex: Female
Date of Death: 01/19/997
Date of Birth: 09/25/939
Spouses Name:
SSN: 371-62-9518
Fathers Name: La Vern C. Guthrie
Mothers Name: Josephine M. Michalski
Place of Birth: Michigan
Ancestry: Polish
Armed Forces: No
Race: White
Education: 11
Marital Status: Never Married

Place of Death
City: Battle Creek
County: Calhoun

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

Residence
Address: 11905 North Avenue Assyria
County: Barry
City: Assyria Twp
Zip Code: 49021

Manner of Death: Not Specified
Line 1: Adult Respiratory Distress Syndrome.
Line 2: Pneumonia.
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: Own Home

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

12/02/97

DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 036534

Patient Information

Decedents Name: Dakota Allen Hale
Sex: Male
Date of Death: 06/08/997
Date of Birth: 06/08/997
Spouses Name: None
SSN:
Fathers Name: Roger Hale
Mothers Name: Nicole Horton
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
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: Metropolitan Hospital
Patient Status: Inpatient

Residence

Address: 5890 Marsh Rd. Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death

Manner: Not Specified
Line 1: Extreme Prematurity
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Never Worked
Industry: None

07/30/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 007640

Patient Information

Decedents Name: Grover C. Hall
Sex: Male
Date of Death: 02/14/1998
Date of Birth: 01/23/1914
Spouses Name: None
SSN: 401-14-5224
Fathers Name: Oscar Hall
Mothers Name: Rose Blair
Place of Birth: Kentucky
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 04
Marital Status: Widow, Widower

Place of Death

City: Plainwell
County: Allegan
Hospital or Other Place of Death: Pipp Community Hospital
Patient Status: Inpatient

Residence

Address: 11887 Lewis Rd. Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49080

Manner of Death

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

Other Conditions:
Injury Date:
Injury Description:
Occupation: Onion Farmer
Industry: Farm

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Johanna Hamlett Sex: Female
Date of Death: 11/19/993 Date of Birth: 10/22/904 Age: 89
Fathers Last Name: Moerland

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

If Hospital: Inpatient SSN: 379-32-1995

Residence
County: Barry
City: Thornapple Twp Address: 7236 Noffke Dr.
Zip Code: 49302

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

Underlying Cause of Death:

410

Related Cause of Death (*)

11410
214140
613580
621820

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 75892

(*) 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: Betty Jo Hammond Sex: Female
Date of Death: 05/16/994 Date of Birth: 05/03/921 Age: 73
Fathers Last Name: Riley

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

If Hospital: Inpatient SSN: 370-18-3517

Residence
County: Barry
City: Hastings Address: 1003 North Taffee Drive
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: Irish Race: White
Education: 4 years of college

Underlying Cause of Death:

4140

Related Cause of Death (*)

115184
214240
314140

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 30312

(*) 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: Frank Hammond, Jr. Sex: Male
Date of Death: 12/30/993 Date of Birth: 03/25/929 Age: 64
Fathers Last Name: Hammond

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

If Hospital: DOA with hospital name SSN: 377-28-2372

Residence
County: Barry
City: Assyria Twp Address: 14980 Jenkins Road
Zip Code: 49021

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

Underlying Cause of Death:

410

Related Cause of Death (*)

11410
214149

Autopsy: No Findings Available: Unknown Actual Place: Unknown

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 80519

(*) 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: 023735

Patient Information

Decedents Name: James A. Hardin
Sex: Male
Date of Death: 04/05/1998
Date of Birth: 02/04/1925
Spouses Name: Helen J. De Boer
SSN: 426-30-3138
Fathers Name: Amos C. Hardin,sr.
Mothers Name: Mackie A. Mills
Place of Birth: Mississippi
Ancestry: Irish
Armed Forces: Yes
Race: White
Education: 10
Marital Status: Married

Place of Death

City: Lansing
County: Ingham
Hospital or Other Place of Death:
Michigan Capital Med. Ctr. - Greenlawn Campus
Patient Status: Inpatient

Residence

Address: 8638 Lawrence Rd Maple
County: Barry
City: Maple Grove Twp
Zip Code: 49073

Manner of Death

Manner: Not Specified
Line 1: Ventricular Fibrillation
Line 2: Myocardial Infarction
Line 3: Coronary Artery Disease
Line 4:

Other Conditions: S/p Coronary Artery Bypass
Injury Date:
Injury Description:
Occupation: General Supervisor
Industry: Fisher Body/ General Motors

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 034894

Decedents Name: Goldie E. Nmn Harper
Sex: Female
Date of Death: 06/21/996
Date of Birth: 08/25/908
Spouses Name:
SSN: 368-48-2889
Fathers Name: Lester Nathan Hoyt
Mothers Name: Anna Gilbert
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: Allegan
County: Allegan
Hospital or Other Place of Death
Nursing Home or Extended Care Facility
Patient Status: Inpatient

Residence
Address: 10378 S. Norris Rd. Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Pneumonia
Line 2:
Line 3:
Line 4:
Other Conditions: Advanced Dementia
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry:

12/02/97

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

State of Residence: Michigan

File Number: 029734

Patient Information

Decedents Name: Roy J. Harleston
Sex: Male
Date of Death: 05/11/997
Date of Birth: 11/22/931
Spouses Name: Vivian L. Brott
SSN: 377-30-7723
Fathers Name: Carl W. Harleston
Mothers Name: Vera L. Swartz
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: 3625 Strickland Road Johnston
County: Barry
City: Johnstown Twp
Zip Code: 49017

Manner of Death

Manner: Not Specified
Line 1: Anoxic Brain Encephalopathy
Line 2: Ventricular Fibrillation
Line 3: Atherosclerotic Heart Disease
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Machine Operator
Industry: Cereal Manufacturing Company

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 062605

Decedents Name: Joanne May Hartman
Sex: Female
Date of Death: 10/14/996
Date of Birth: 02/01/938
Spouses Name:
SSN: 293-32-2111
Fathers Name: Fred Phillips
Mothers Name: Bernice Mc Nett
Place of Birth: Ohio
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 11
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: 1142 Hickory Rd. Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

Manner of Death: Not Specified
Line 1: Metastatic Lung Ca- Pulmonary Edema
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Cook
Industry: Restaurant

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: MARY C. HARTHY Sex: Female
Date of Death: 09/04/993 Date of Birth: 04/15/912 Age: 81
Fathers Last Name: Bishop

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

If Hospital: Inpatient SSN: 381-24-9195

Residence
County: Barry
City: Hastings Address: 502 E. South Street
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 4 years of college

Underlying Cause of Death:

1629

Related Cause of Death (*)

11486
211629
614939

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 54645

(*) 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: 046101

Patient Information

Decedents Name: Clarence V. Hartwell
Sex: Male
Date of Death: 07/16/997
Date of Birth: 03/21/920
Spouses Name:
SSN: 378-01-1013
Fathers Name: Unknown
Mothers Name: Uva Bonn
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Divorced

Place of Death

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

Residence

Address: 8335 Hayward Rd. Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Pulmonary Interstitial Fibrosis
Line 2:
Line 3:
Line 4:

Other Conditions: Congestive Heart Failure, Diabetes Mellitus
Injury Date:
Injury Description:
Occupation: Technician
Industry: Hospital

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 021265

Decedents Name: Thelma M. Harvath
Sex: Female
Date of Death: 03/30/996
Date of Birth: 07/31/920
Spouses Name:
SSN: 369-16-4533
Fathers Name: Walter P. Jackway
Mothers Name: Grace Parker
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: Battle Creek
County: Calhoun

Hospital or Other Place of Death

Battle Creek Health Systems
Patient Status: Inpatient

Residence

Address: 1250 Leinaar Rd. Barry
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Myocardial Infarction
Line 2: Hypertension
Line 3: Shock
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: 048301

Decedents Name: Elsie Elizabeth Haskin
Sex: Female
Date of Death: 08/25/996
Date of Birth: 10/22/927
Spouses Name: Morley Edward Haskin
SSN: 381-24-9312
Fathers Name: Homer Neal Sexton
Mothers Name: Mary Alfaretta Chaney
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: Emergency Room/Outpatient

Residence

Address: 12738 North Avenue Assyria
County: Barry
City: Assyria Twp
Zip Code: 49021

Manner of Death: Not Specified
Line 1: Cardiac Arrhythmia
Line 2: Dilated Cardiomyopathy
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Export Manager
Industry: Press Manufacturing

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 041539

Decedents Name: Marvin Duane Hathaway
Sex: Male

Date of Death: 07/01/996
Date of Birth: 06/27/929

Spouses Name: Betty L. Moon
SSN: 375-24-8297

Fathers Name: Robert Hathaway

Mothers Name: Eva

Place of Birth: Michigan

Ancestry: American

Armed Forces: Yes
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: Emergency Room/Outpatient

Residence

Address: 10304 Huff Rd. Assyria
County: Barry

City: Assyria Twp
Zip Code: 49021

Manner of Death: Not Specified

Line 1: Hodgkin's Disease

Line 2:

Line 3:

Line 4:

Other Conditions: Hypertension, Cva, Seizure Disorder

Injury Date:

Description of Injury:

Occupation: Printer

Industry: Printing

02/02/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
Non-Resident Transcripts

State of Residence: Michigan

File Number: 055533

Patient Information

Decedents Name: Clarence Russell Hawkins
Sex: Male
Date of Death: 09/20/997
Date of Birth: 04/25/945
Spouses Name: Sandra Crampton
SSN: 385-44-4892
Fathers Name: Roy Albert Hawkins
Mothers Name: Mary Elizabeth Buxton
Place of Birth: Michigan
Ancestry: American
Armed Forces: Yes
Race: White
Education: 2 years College
Marital Status: Married

Place of Death

City: Berlin Twp
County: Ionia
Hospital or Other Place of Death: Not Classifiable
Patient Status:

Residence

Address: 7818 Scott Rd. Castleton
County: Barry
City: Castleton Twp
Zip Code: 49073

Manner of Death

Manner: Accidental
Line 1: Drowning
Line 2:
Line 3:
Line 4:

Other Conditions:

Injury Date: 09/20/1997
Injury Description: Drowning
Occupation: Self Employed
Industry: Construction

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 048334

Decedents Name: Bernice L. Hayes
Sex: Female
Date of Death: 08/01/996
Date of Birth: 05/26/916
Spouses Name: William F. Hayes
SSN: 364-50-7805
Fathers Name: Charles Rose
Mothers Name: Lenora Kime
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: Emmet Twp
County: Calhoun
Hospital or Other Place of Death
Nursing Home or Extended Care Facility
Patient Status: Inpatient

Residence
Address: 5640 Woodschool Road Irving
County: Barry
City: Irving Twp
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Congestive Heart Failure
Line 2: Atherosclerosis
Line 3:
Line 4:
Other Conditions:
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: ROBERT GENE HAYES Sex: Male
Date of Death: 01/22/993 Date of Birth: 11/21/941 Age: 51
Fathers Last Name: Hayes

Place of Death
Hospital: Unknown
City: Allegan Twp County: Allegan

If Hospital: SSN: 406-50-8263

Residence
County: Barry
City: Orangeville Twp Address: 8489 Marsh Rd
Zip Code: 49080

Place of Birth: Kentucky
Armed Forces: No Marital Status: Never Married
Ancestry: Irish Race: White
Education: 07

Underlying Cause of Death:

1629

Related Cause of Death (*)

111629

Autopsy: No Findings Available: Unknown Actual Place: Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 653

(*) 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: Gloria N. Hayward Sex: Female
Date of Death: 05/09/994 Date of Birth: 07/08/933 Age: 60
Fathers Last Name: Mathews

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

If Hospital: Inpatient SSN: 366-32-8491

Residence
County: Barry
City: Thornapple Twp Address: 2100 Yankee Springs Road
Zip Code: 49333

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

Underlying Cause of Death:

3051

Related Cause of Death (*)

113051
121629
21586

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 29920

(*) 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: 048775

Decedents Name: Arthur J. Haywood
Sex: Male
Date of Death: 08/27/995
Date of Birth: 05/02/900
Spouses Name:
SSN: 366-20-4404
Fathers Name: Alfred Haywood
Mothers Name: Lydia Ruckle
Place of Birth: Michigan
Ancestry: American
Armed Forces: No
Race: White
Education: Unknown
Marital Status: Widow, Widower

Place of Death
City: Charlotte
County: Eaton

Hospital or Other Place of Death
Hayes Green Beach Hospital
Patient Status: Inpatient

Residence
Address: 411 E. Green St. Hastings
County: Barry
City: Hastings
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Peritonitis
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Self Employed
Industry: Farming

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 015784

Decedents Name: Patricia Julia Hazen
Sex: Female
Date of Death: 03/16/996
Date of Birth: 05/18/940
Spouses Name:
SSN: 381-38-8921
Fathers Name: Alexander Gorman
Mothers Name: Clara Wolschon
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: High School
Marital Status: Divorced

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

Residence
Address: 4005 S. Shore Cloverdale
County: Barry
City: Hope Twp
Zip Code: 49035

Manner of Death: Not Specified
Line 1: Metastatic Breast Carcinoma
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Accounting Clerk
Industry: County Government

FUNERAL NOTICE FOR
THE STURGIS DAILY JOURNAL

Full name of deceased Mary (First) Edna (Middle) Heaven (Last) Age 45

Address 207 Second St., Trufant, Mich.

Day and time of death 9:15 am Sun. Dec. 1, 1957. Cause

Where death occurred Home of Harry Clausen in Trufant

Period of illness Sudden death

-:-

Where born Prairieville, Barry Co., Mich. Date of birth Mar. 29, 1912

Child of whom Myron J. and Minnie(Rollins) Hall

Places of residence for what periods Most of her life was spent in Kalamazoo. Moved to Trufant just one week ago.

When married and to whom 1942 to Clarence E. Heaven

where married Kalamazoo

REMARKS: (Life work, etc.) Housewife

Member of what church XXX

Society affiliations XXX Loyalty Chapter # 497 O. E. S. of Kalamazoo

Other information Friends are being received at the Henton/ Smith Funeral Home where services will be conducted at 2 oclock Tues. afternoon. Interment will be in Prairieville Cemetery.

Surviving relatives Husband of Trufant, Mich., 2 brothers: Rollins of Kalamazoo, Richard of Doster, 3 sisters: Mrs. Lyle(Laura) Francisco of Doster, Mrs. Arthur (Frances) Paul of Kalamazoo, and Mrs. Kirby(Eleanor) Mason of Richland, Mich. also her parents Mr and Mrs Myron J. Hall of Doster.

Place of funeral service

Date of funeral Hour

Clergyman Rev. Victor E Jones Place of burial

Undertaker

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 063123

Decedents Name: Raymond John Helrigel
Sex: Male
Date of Death: 10/05/995
Date of Birth: 09/11/925
Spouses Name: Lila M. Babcock
SSN: 365-22-2530
Fathers Name: Arthur Helrigel
Mothers Name: Bernice Johnson
Place of Birth: Michigan
Ancestry: German
Armed Forces: Yes
Race: White
Education: 3 years College
Marital Status: Married

Place of Death
City: Kalamazoo
County: Kalamazoo

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

Residence
Address: 4545 Scott Road Hastings
County: Barry
City: Hastings Twp
Zip Code: 49058

Manner of Death: Accidental
Line 1: Multiple Trauma
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date: 10/05/1995
Description of Injury: Auto Hit Tree
Occupation: Worker
Industry: Various Factories

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

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Decedents Name: Donald James Hermenitt Sex: Male
Date of Death: 12/08/993 Date of Birth: 05/08/927 Age: 66
Fathers Last Name: Hermenitt

Place of Death
Hospital: Unknown
City: Plainwell County: Allegan

If Hospital: DOA with hospital name SSN: 380-28-4372

Residence
County: Barry
City: Orangeville Twp Address: 12120 Marsh Rd.
Zip Code: 49344

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

Underlying Cause of Death:

4140

Related Cause of Death (*)

114140

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 73906

(*) 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: 068772

Decedents Name: Stephanie Gail Heykoop
Sex: Female
Date of Death: 10/31/996
Date of Birth: 10/09/943
Spouses Name: Timothy J. Heykoop
SSN: 382-42-3769
Fathers Name: Gerald Mc Coy Brown
Mothers Name: Alzada M. Mc Kown
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: Grand Rapids
County: Kent

Hospital or Other Place of Death

Butterworth Hospital
Patient Status: Inpatient

Residence

Address: 5590 N. Irving Drive Irving
County: Barry
City: Irving Twp
Zip Code: 49058

Manner of Death: Not Specified

Line 1: Non Hodgkins Lymphoma

Line 2:

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Housewife

Industry: Own Home

09/03/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 024384

Patient Information

Decedents Name: Johnnie Richard Hicks
Sex: Male
Date of Death: 04/10/1998
Date of Birth: 03/23/1947
Spouses Name:
SSN: 278-44-9003
Fathers Name: Johnnie Hicks
Mothers Name: Lorenia May Keown
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
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: Kent Comm Hospital Complex
Patient Status: Inpatient

Residence

Address: 4545 Walldorff Road Hope
County: Barry
City: Hope Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Chronic Renal Failure
Line 2:
Line 3:
Line 4:

Other Conditions: Cardiomyopathy, Cirrhosis With Ascites
Injury Date:
Injury Description:
Occupation: Laborer
Industry: Factories

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Gordon Leroy Hill Sex: Male
Date of Death: 09/23/994 Date of Birth: 09/26/912
Fathers Name: Samuel Raymond Hill
Mothers Name: Myrtie Wyckoff
Spouses Name: Dora E. Ogden

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

If Hospital: Inpatient SSN: 380-01-1377

Residence
County: Barry
City: Middleville Address: 10561 Garbow Road
Zip Code: 49333

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

Underlying Cause of Death:

436

Related Cause of Death (*)

11586
21436

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 056972

(*) 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: 041540

Patient Information

Decedents Name: Mildred B. Hill
Sex: Female
Date of Death: 06/02/997
Date of Birth: 02/07/909
Spouses Name:
SSN: 376-22-9342
Fathers Name: John Miller
Mothers Name: Eltie Cheesman
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: 2605 S. Charlton Park Rd.Hastings
County: Barry
City: Hastings Twp
Zip Code: 49058

Manner of Death

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

Other Conditions:
Injury Date:
Injury Description:
Occupation: Nurse's Aid
Industry: Home Health Care

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Delores Hinds Sex: Female
Date of Death: 05/26/993 Date of Birth: 01/17/914 Age: 79
Fathers Last Name: Wright

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

If Hospital: Inpatient SSN: 368-09-2320

Residence
County: Barry
City: Orangeville Twp Address: 11980 Marsh Rd.
Zip Code: 49340

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

Underlying Cause of Death:

3310

Related Cause of Death (*)

113310
127994

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 29982

(*) 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.

02/02/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
Non-Resident Transcripts

State of Residence: Michigan

File Number: 055933

Patient Information

Decedents Name: Kenneth L. Hirst
Sex: Male
Date of Death: 09/28/997
Date of Birth: 05/25/915
Spouses Name:
SSN: 368-10-9824
Fathers Name: Frank H. Hirst
Mothers Name: Vera B. Moxom
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: East Grand Rapids
County: Kent
Hospital or Other Place of Death: Blodgett Mem Med Cen
Patient Status: Inpatient

Residence

Address: C-210 Barlow Lake Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49333

Manner of Death

Manner: Not Specified
Line 1: Cerebrovascular Accident (Stroke)
Line 2: Hypertension
Line 3: Carotid Artery Occlusive Disease
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Maintenance
Industry: Rapistan

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 001251

Decedents Name: Daisy Mae Hoag
Sex: Female
Date of Death: 01/28/996
Date of Birth: 08/17/941
Spouses Name:
SSN: 384-40-9453
Fathers Name: George Danke, Sr.
Mothers Name: Christine Brown
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 2 years College
Marital Status: Divorced

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

Residence
Address: 14125 M-66 Assyria
County: Barry
City: Assyria Twp
Zip Code: 49021

Manner of Death: Not Specified
Line 1: Breast Cancer
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Beautician
Industry: Beauty Salon

09/03/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 022735

Patient Information

Decedents Name: Evelyn M. Hodgden
Sex: Female
Date of Death: 03/27/1998
Date of Birth: 08/16/1913
Spouses Name: Roger T. Hodgden
SSN: 382-38-6141
Fathers Name: Ernest Smith
Mothers Name: Martha Ferrari
Place of Birth: Pennsylvania
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 4 years of college
Marital Status: Married

Place of Death

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

Residence

Address: 4182 Bristol Oakes Drive
County: Barry
City: Johnstown Twp
Zip Code: 49050

Manner of Death

Manner: Not Specified
Line 1: Senile Dementia Alzheimers Type
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Teacher
Industry: Public School System

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 070081

Decedents Name: Rudolph George Hodgemire
Sex: Male
Date of Death: 11/26/995
Date of Birth: 09/15/916
Spouses Name:
SSN: 366-10-6431
Fathers Name: Fred Hodgemire
Mothers Name: Maybelle Youngs
Place of Birth: Michigan
Ancestry: German
Armed Forces: Yes
Race: White
Education: 08
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: 11045 Gilkey Road Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49080

Manner of Death: Not Specified
Line 1: Acute Myocardial Infarct
Line 2: Coronary Heart Disease
Line 3:
Line 4:
Other Conditions: Hyperlipidemia
Injury Date:
Description of Injury:
Occupation: Foreman
Industry: Paper Manufacturing

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

Decedents Name: LAWRENCE ELLWYN HOLCOMB Sex: Male
Date of Death: 02/16/993 Date of Birth: 05/22/896 Age: 96
Fathers Last Name: HOLCOMB

Place of Death
Hospital: Unknown
City: Springfield County: Calhoun

If Hospital: Inpatient SSN: 366-07-3638

Residence
County: Barry
City: Assyria Twp Address: 9520 Tasker Road
Zip Code: 49021

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

Underlying Cause of Death:

410

Related Cause of Death (*)

11410
61436
627845
632699

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 7377

(*) 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.

07/30/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 001147

Patient Information

Decedents Name: Ruth Charlotte Holder
Sex: Female
Date of Death: 01/06/1998
Date of Birth: 04/16/1907
Spouses Name:
SSN: 370-10-9297
Fathers Name: Williaim Bryans
Mothers Name: Lydia Garrison
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: 25060 Battle Creek Hwy. Assyria
County: Barry
City: Assyria Twp
Zip Code: 49021

Manner of Death

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

Other Conditions: Dementia
Injury Date:
Injury Description:
Occupation: Secretary
Industry: Legal Insurance

09/17/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS

State of Residence: Michigan

File Number: 000893

Decedents Name: William C. Holloway

Sex: Male

Date of Death: 01/18/997

Date of Birth: 11/09/927

Spouses Name: None

SSN: 375-20-8110

Fathers Name: Unknown

Mothers Name: Mildred Unknown

Place of Birth: Michigan

Ancestry: Irish

Armed Forces: Yes

Race: White

Education: 08

Marital Status: Widow, Widower

Place of Death

City: Allegan

County: Allegan

Hospital or Other Place of Death

Unknown

Patient Status: Inpatient

Residence

Address: 12430 Anson Point Prairieville

County: Barry

City: Prairieville Twp

Zip Code: 49080

Manner of Death: Not Specified

Line 1: Advanced Copd

Line 2:

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Truck Driver

Industry: Trucking

01/15/98

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

State of Residence: Michigan

File Number: 048213

Patient Information

Decedents Name: Hazel Catherine Hommerding
Sex: Female
Date of Death: 08/23/997
Date of Birth: 11/14/904
Spouses Name:
SSN: 366-07-5333
Fathers Name: Henry E. Turner
Mothers Name: Emma A. Howald
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: Battle Creek
County: Calhoun
Hospital or Other Place of Death:
Patient Status: Inpatient
Convalescent home, nursing home, medical care facility or hospice

Residence

Address: 9211 Keller Road Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Pneumonia With Aspiration
Line 2:
Line 3:
Line 4:

Other Conditions: Multi-factorial Dementia, Chf, Hypertension, Psychiatric Disturbance With Agitation
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: 015768

Decedents Name: Reynold George Homrich
Sex: Male
Date of Death: 03/10/996
Date of Birth: 06/30/910
Spouses Name: Caroline Steffes
SSN: 384-16-6675
Fathers Name: Matt Homrich
Mothers Name: Emma Schmidt
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 08
Marital Status: Married

Place of Death

City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Borgess Med Cen
Patient Status: Inpatient

Residence

Address: 7084 S. Shore Dr. Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Pneumonia
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Truck Broker
Industry: Trucking

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 058255

Decedents Name: Vernon J. Hooper
Sex: Male
Date of Death: 08/08/996
Date of Birth: 07/13/903
Spouses Name: Helen J. Smith
SSN: 380-05-8352
Fathers Name: Curtis B. Hooper
Mothers Name: Lolah M. Reed
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: Tallmadge Twp
County: Ottawa

Hospital or Other Place of Death

Nursing Home or Extended Care Facility
Patient Status: Inpatient

Residence

Address: 512 Briarwood Dr. Middleville
County: Barry
City: Middleville
Zip Code: 49333

Manner of Death: Not Specified
Line 1: Metastatic Prostate Cancer
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Customer Service
Industry: Bradford White Corp.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Lawton R. Horne Sex: Male
Date of Death: 09/19/994 Date of Birth: 08/17/917
Fathers Name: George Horne
Mothers Name: Rosa Blount
Spouses Name: Helen L. Newton

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

If Hospital: Inpatient SSN: 408-28-6109

Residence
County: Barry
City: Hope Twp Address: 505 Harrington
Zip Code: 49046

Place of Birth: Tennessee
Armed Forces: Yes Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 10

Underlying Cause of Death:

492

Related Cause of Death (*)

117855
217860
227990
31496
41492
615750
625768

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 56650

(*) 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: Donald E. Hough Sex: Male
Date of Death: 03/25/994 Date of Birth: 02/11/935 Age: 59
Fathers Last Name: Hough

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

If Hospital: Inpatient SSN: 372-32-4526

Residence
County: Barry
City: Irving Twp Address: 2555 Buehler Road
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 09

Underlying Cause of Death:

1629

Related Cause of Death (*)

111629
214280
312500
417169

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 16982

(*) 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: 041607

Decedents Name: Darwin C. Houston
Sex: Male
Date of Death: 07/05/996
Date of Birth: 10/09/948
Spouses Name: Jacqueline L. Waidelich
SSN: 363-50-8818
Fathers Name: Coy Dar Houston
Mothers Name: Clarabelle Van Nocker
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: 1 year College
Marital Status: Married

Place of Death
City: Bedford Twp
County: Calhoun
Hospital or Other Place of Death
Unclassified
Patient Status:

Residence
Address: 1182 Cherry Lane Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

Manner of Death: Accidental
Line 1: Multiple Injuries
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date: 07/05/1996
Description of Injury: Bicycle- Motorvehicle Accident
Occupation: Packing Line Operator
Industry: Cereal Manufacturing

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS

State of Residence: Michigan

File Number: 008234

Decedents Name: Edna M. Howard
Sex: Female
Date of Death: 01/17/997
Date of Birth: 04/13/910
Spouses Name:
SSN: 381-32-5592
Fathers Name: Clarence A. Guilford
Mothers Name: Ethel Rice
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 1 year College
Marital Status: Divorced

Place of Death
City: Battle Creek
County: Calhoun

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

Residence
Address: 6334 Thorn Apple Lake
County: Barry
City: Castleton Twp
Zip Code: 49073

Manner of Death: Not Specified
Line 1: Pneumonia
Line 2: Gangrene Of Right Foot
Line 3: Diabetes Mellitus
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Dietery Department
Industry: Hospital

11/29/95

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

State: Michigan

File Number: 028090

Decedents Name: Ronald Ray Howard
Sex: Male
Date of Death: 05/10/995
Date of Birth: 08/23/955
Spouses Name: Bethany Carmoney
SSN: 381-62-7539
Fathers Name: Agnew Howard
Mothers Name: Marian Keeler
Place of Birth: Michigan
Hospital: Unknown
Ancestry: American
Armed Forces: No
Race: White
Education: 11
Marital Status: Married

Place of Death

City: Penfield Twp
County: Calhoun
If Hospital: Inpatient

Residence

Address: 6900 Bird Rd. Baltimore
County: Barry
City: Baltimore Twp
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Brain Cancer (astrocytoma)
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Laborer
Industry: Iron Industry

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Wiley Howard Sex: Male
Date of Death: 02/10/994 Date of Birth: 05/14/914 Age: 79
Fathers Last Name: Howard

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

If Hospital: Inpatient SSN: 407-07-8699

Residence
County: Barry
City: Orangeville Twp Address: 5797 Marsh Road
Zip Code: 49344

Place of Birth: Kentucky
Armed Forces: No Marital Status: Widow, Widower
Ancestry: American Race: White
Education: 04

Underlying Cause of Death:

410

Related Cause of Death (*)

114279
21410

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Yes Mode of Death: Natural

Work Injury: Location:

State File Number: 9834

(*) 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: 076307

Decedents Name: William, J D. Hubbell
Sex: Male
Date of Death: 12/25/996
Date of Birth: 03/01/926
Spouses Name: Donna J. Polhemus
SSN: 378-22-2533
Fathers Name: William D. Hubbell
Mothers Name: Gladys D. Wolcott
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
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: 810 S. Broadway Hastings
County: Barry
City: Hastings
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Ventricular Tachycardia
Line 2: Myocardial Infarction
Line 3: Coronary Heart Disease
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Area Manager
Industry: Consumers Power Co.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 069456

Patient Information

Decedents Name: Mildred F. Hull
Sex: Female
Date of Death: 11/10/997
Date of Birth: 12/23/910
Spouses Name: Sidney Hull
SSN: 383-50-4783
Fathers Name: Charles Bert Graft
Mothers Name: Alvina Buchholz
Place of Birth: Missouri
Ancestry: German
Armed Forces: No
Race: White
Education: 08
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: 3866 Bross Road Rutland
County: Barry
City: Rutland Twp
Zip Code: 49058

Manner of Death

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

Other Conditions: Respiratory Failure;renal Failure
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: John Jr. Hulst Sex: Male
Date of Death: 01/28/994 Date of Birth: 03/24/915 Age: 78
Fathers Last Name: Hulst

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

If Hospital: Inpatient SSN: 380-03-8987

Residence
County: Barry
City: Orangeville Twp Address: 11671 Marsh Rd.
Zip Code: 49344

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: Other Western European Race: White
Education: 08

Underlying Cause of Death:

185

Related Cause of Death (*)

11185
215966

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Yes Mode of Death: Natural

Work Injury: Location:

State File Number: 9782

(*) 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.

11/29/95

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

State: Michigan

File Number: 029568

Decedents Name: Sami Jo Hunsberger
Sex: Female
Date of Death: 05/06/995
Date of Birth: 10/17/990
Spouses Name:
SSN: 386-11-0211
Fathers Name: David Thomas Hunsberger, Sr.
Mothers Name: Carrie Louise Hoffman
Place of Birth: Michigan
Hospital: Butterworth Hospital
Ancestry: American
Armed Forces: No
Race: White
Education: None
Marital Status: Never Married

Place of Death

City: Grand Rapids
County: Kent
If Hospital: Inpatient

Residence

Address: 5914 W. Osborne Road Barry
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death: Accidental
Line 1: Asphyxia By Drowning
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date: 05/05/1995
Description of Injury: Found In Neighbors Swimming Pool
Occupation: Never Employed
Industry:

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 043696

Decedents Name: Paul C Husman
Sex: Male
Date of Death: 07/14/995
Date of Birth: 04/03/936
Spouses Name:
SSN: 376-38-3999
Fathers Name: Henry Husman
Mothers Name: Eula Guy
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 07
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: Inpatient

Residence
Address: 170 Florence St. Woodland
County: Barry
City: Woodland
Zip Code: 48897

Manner of Death: Not Specified
Line 1: Small Cell Lung Cancer
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: General Labor
Industry: Factory

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 070296

Decedents Name: Daniel C. Hutchings
Sex: Male

Date of Death: 11/12/995
Date of Birth: 08/24/971

Spouses Name:
SSN: 372-02-3517

Fathers Name: Daniel E. Hutchings

Mothers Name: Suze A. Sherrington

Place of Birth: Michigan

Ancestry: British, Scotch, Welsh, Scotch Irish

Armed Forces: No
Race: White

Education: High School
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: 11126 Chief Noon- Day RoaYankee
County: Barry

City: Yankee Springs Twp
Zip Code: 49333

Manner of Death: Accidental

Line 1: Craniocerebral Trauma

Line 2:

Line 3:

Line 4:

Other Conditions:

Injury Date: 11/11/1995

Description of Injury: Struck By Car That Crossed Centerline

Occupation: Technician

Industry: Plumbing & Heating

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No.

1. PLACE OF DEATH
a. COUNTY: Calhoun
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Battle Creek
c. LENGTH OF STAY (in this place): 26 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 425 Pleasantview Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Michigan
b. COUNTY: Calhoun
c. TOWNSHIP, CITY OR VILLAGE (Name of): Battle Creek
d. Is Residence within limits of a city or incorporated village? Yes XX No ☐
e. STREET ADDRESS (If rural, give location): 425 Pleasantview Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hattie	B.	Irving	July	15,	1958

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 Hrs.: Hours	Min.
Female	White	Widowed	Aug. 7, 1878	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Michigan	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	NAME OF HUSBAND OR WIFE OF DECEASED
Lafeyette	Henrietta Frost	Charles Irving

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT'S NAME	ADDRESS
No	None	Everett Irving	RFD # 1 Augusta, Michigan

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.

MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral thrombosis	1 week
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.	Generalized arteriosclerosis	10 years
DUE TO (c)		
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 XX

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)	21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1950, 19__, to July 15, 1958, that I last saw the deceased alive on July 14, 1958, and that death occurred at 12:05 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F. Walters MD	41 N Washington	July 16 1958

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, village, twp., or county) (State)
Burial	July 17, 1958	Hickory Cemetery	Hickory Corners, Michigan

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
		Clyde B. Schimmel for Hinton-Smith Delton, Michigan

MARGIN RESERVED FOR BINDING

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

B-36

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: LaVerne Joel Jackson Sex: Male
Date of Death: 03/22/994 Date of Birth: 04/20/930 Age: 63
Fathers Last Name: Jackson

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

If Hospital: Inpatient SSN: 384-38-0435

Residence
County: Barry
City: Woodland Twp Address: 9691 Brown Rd.
Zip Code: 48849

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

Underlying Cause of Death:

2901

Related Cause of Death (*)

112901

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 17037

(*) 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: 054660

Decedents Name: Gordon Andrew O. Jerome
Sex: Male
Date of Death: 09/14/996
Date of Birth: 08/23/915
Spouses Name:
SSN: 373-07-6905
Fathers Name: Andrew Jerome
Mothers Name: Anna Johnson
Place of Birth: North Dakota
Ancestry: French
Armed Forces: No
Race: White
Education: 3 years College
Marital Status: Widow, Widower

Place of Death
City: Springfield
County: Calhoun
Hospital or Other Place of Death
Nursing Home or Extended Care Facility
Patient Status: Inpatient

Residence
Address: 4351 Indian Isle Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

Manner of Death: Not Specified
Line 1: Acute Myocardial Infarction
Line 2: Atherosclerotic Heart Disease
Line 3:
Line 4:
Other Conditions: Adult Onset Diabetes; Congestive Heart Failure; Peripheral Vascular Disease.
Injury Date:
Description of Injury:
Occupation: Pharmacist
Industry: Self-employed/retail Pharmacy

11/27/95

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

State: Michigan

File Number: 016176

Decedents Name: Richard L. Jelinek
Sex: Male
Date of Death: 03/24/995
Date of Birth: 09/08/928
Spouses Name: Frances Beatty
SSN: 366-22-9642
Fathers Name: Frank Jelinek
Mothers Name: Evangeline Gilbert
Place of Birth: Michigan
Hospital: Borgess Med Cen
Ancestry: Other Easter European
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Kalamazoo
County: Kalamazoo
If Hospital: Inpatient

Residence

Address: 8840 Wertman Rd. Hope
County: Barry
City: Hope Twp
Zip Code: 49064

Manner of Death: Not Specified
Line 1: Intracerebral Hemorrhage
Line 2: Acute Myocardial Infarction
Line 3: Dementia
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Machine Operator
Industry: Manufacturing

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 028646

Decedents Name: Walter E. Jodon
Sex: Male
Date of Death: 05/14/996
Date of Birth: 01/24/918
Spouses Name: Margaret M. Armour
SSN: 377-14-9716
Fathers Name: Walter B. Jodon
Mothers Name: Grace Bolyen
Place of Birth: Michigan
Ancestry: French
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: 5021 W. Sheffield Road Barry
County: Barry
City: Barry Twp
Zip Code: 49060

Manner of Death: Not Specified
Line 1: Ischemic Cardiomyopathy
Line 2:
Line 3:
Line 4:
Other Conditions: Cerebral Embolism
Injury Date:
Description of Injury:
Occupation: Facilities Maintenance Supervi
Industry: State Of Michigan

12/02/97

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

State of Residence: Michigan

File Number: 022722

Patient Information

Decedents Name: Carrol W. Johnson
Sex: Male
Date of Death: 04/09/997
Date of Birth: 03/20/917
Spouses Name: Kathleen Johnson
SSN: 397-01-4174
Fathers Name: Mc Kinley Johnson
Mothers Name: Esther Jackson
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: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death:
Patient Status: Inpatient
Convalescent home, nursing home, medical care facility or hospice

Residence

Address: 5754 Mckibbin Rd. Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Gangrene Of Lower Extremity
Line 2:
Line 3:
Line 4:

Other Conditions: Diabetes Mellitus
Injury Date:
Injury Description:
Occupation: Supervisor
Industry: Automobile

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: CLIFFORD IRVIN JOHNSON Sex: Male
Date of Death: 08/02/993 Date of Birth: 01/10/911 Age: 82
Fathers Last Name: JOHNSON

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

If Hospital: SSN: 366-07-2260

Residence
County: Barry
City: Johnstown Twp Address: 2341 FINE LAKE
Zip Code: 49017

Place of Birth: Michigan
Armed Forces: No Marital Status: Divorced
Ancestry: American Race: White
Education: 10

Underlying Cause of Death:

7999

Related Cause of Death (*)

117997

Autopsy: No Findings Available: Unknown Actual Place: Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 48193

(*) 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: 062875

Patient Information

Decedents Name: Gerry Eguene Johnson
Sex: Male
Date of Death: 10/11/997
Date of Birth: 08/30/958
Spouses Name:
SSN: 307-64-6259
Fathers Name: Gerald C. Johnson
Mothers Name: Alice M. Hughett
Place of Birth: Indiana
Ancestry: American Indian
Armed Forces: No
Race: White
Education: 10
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: 812 Greenwood Middleville
County: Barry
City: Middleville
Zip Code: 49333

Manner of Death

Manner: Accidental
Line 1: Medical Complications Of Multiple Injuries
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date: 10/03/1997
Injury Description: Pedestrian Hit By Vehicle
Occupation: Painter
Industry: Construction

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: JANICE MARIE JORDAN Sex: Female
Date of Death: 07/01/993 Date of Birth: 05/15/940 Age: 53
Fathers Last Name: Boulter

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

If Hospital: Unknown SSN: 365-40-4822

Residence
County: Barry
City: Woodland Twp Address: 7617 Jordan Rd.
Zip Code: 48897

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

Underlying Cause of Death:

1579

Related Cause of Death (*)

111579

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 42955

(*) 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: Anton Jurisic Sex: Male
Date of Death: 04/09/994 Date of Birth: 12/01/902 Age: 91
Fathers Last Name: Jurisic

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

If Hospital: Emergency Room/Outpatient SSN: 297-14-1813

Residence
County: Barry
City: Baltimore Twp Address: 3506 Lawrence Road
Zip Code: 49058

Place of Birth: Pennsylvania
Armed Forces: No Marital Status: Widow, Widower
Ancestry: Other Southern European Race: White
Education: Unknown

Underlying Cause of Death:

410

Related Cause of Death (*)

11410
214140

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 22254

(*) 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.