DEATH TRANSCRIPTS OF BARRY COUNTY RESIDENTS

WHO DIED OUTSIDE BARRY COUNTY

Compiled by the Michigan Department of Health

This volume (Volume 6) begins with **Mac Iver**

and ends with **McVey**

** Note: "M" and "Mc" are separate letter categories **

04/28/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 076293

Decedents Name: Mildred Mac Iver
Sex: Female
Date of Death: 12/15/996
Date of Birth: 11/14/902
Spouses Name:
SSN: 375-18-0835
Fathers Name: Joseph Schnurr
Mothers Name: Mabel Mc Cloud
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 2 years College
Marital Status: Widow, Widower

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

Residence
Address: 9336 Parmelee Rd. Thornapple
County: Barry
City: Thornapple Twp
Zip Code: 49333

Manner of Death: Accidental
Line 1: Medical Complications Of Fractured Hip
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date: 12/13/1996
Description of Injury: Fell At Home
Occupation: Housewife
Industry: Own Home

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

01/15/98

DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 043066

Patient Information

Decedents Name: Jessie Eldon Mackey

Sex: Male

Date of Death: 07/24/997

Date of Birth: 10/24/920

Spouses Name: Carol Thorton

SSN: 379-18-7356

Fathers Name: Harry Mackey

Mothers Name: Lola May Weimer

Place of Birth: Michigan

Ancestry: German

Armed Forces: Yes

Race: White

Education: High School

Marital Status: Married

Place of Death

City: Galesburg

County: Kalamazoo

Hospital or Other Place of Death:

Patient Status: Inpatient

Convalescent home, nursing home, medical care facility or hospice

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Residence

Address: 5112 W. Hickory Rd. Barry

County: Barry

City: Barry Twp

Zip Code: 49060

Manner of Death

Manner: Not Specified

Line 1: Cerebral Vascular Accident

Line 2: Pneumonia

Line 3:

Line 4:

Other Conditions:

Injury Date:

Injury Description:

Occupation: Rikk Checker

Industry: Paper Industry

08/26/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 016869

Patient Information

Decedents Name: Lawrence E. Main
Sex: Male
Date of Death: 03/12/1998
Date of Birth: 09/03/1933
Spouses Name: Barbara A. Rozema
SSN: 366-30-3923
Fathers Name: William C. Main
Mothers Name: Bertha Larkin
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: 11
Marital Status: Married

Place of Death

City: Mt Pleasant
County: Isabella
Hospital or Other Place of Death:
Central Michigan Community Hospital
Patient Status: Inpatient

Residence

Address: 3288 Barber Rd. Carlton
County: Barry
City: Carlton Twp
Zip Code: 49058

Manner of Death

Manner: Not Specified
Line 1: Myocardial Infarction
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Maintenance Department
Industry: Factory

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 036734

Decedents Name: Agnes I. Mallison
Sex: Female
Date of Death: 06/06/996
Date of Birth: 06/14/910
Spouses Name:
SSN: 385-18-0588
Fathers Name: Milo Blizzard
Mothers Name: Thresa Westmorland
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: Grand Rapids
County: Kent

Hospital or Other Place of Death

Nursing Home or Extended Care Facility
Patient Status: Inpatient

Residence

Address: 547 Lake Drive Woodland
County: Barry
City: Woodland Twp
Zip Code: 48849

Manner of Death: Not Specified
Line 1: Chronic Obstructive Pulmonary Disease
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Inspector
Industry: U. S. Government

09/03/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 024263

Patient Information

Decedents Name: Florence Mampreian
Sex: Female
Date of Death: 04/28/1998
Date of Birth: 02/24/1921
Spouses Name: Edward Mampreian
SSN: 392-12-7309
Fathers Name: Seymore Pittsley
Mothers Name: Viola Girard
Place of Birth: Wisconsin
Ancestry: German
Armed Forces: No
Race: White
Education: 11
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: 7265 S. Broadway Rd. Baltimore
County: Barry
City: Baltimore Twp
Zip Code: 49058

Manner of Death

Manner: Not Specified
Line 1: Anoxic Brain Damage
Line 2: Cardiogenic Shock
Line 3: Pericardial Tamponade
Line 4: Pericardial Effusion

Other Conditions: Acute Inferior Myocardial Infarction
Injury Date:
Injury Description:
Occupation: Clerk
Industry: Retail Store

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 009430

Decedents Name: Keith Devere Marlow
Sex: Male
Date of Death: 02/08/996
Date of Birth: 01/18/909
Spouses Name: Lois Helrigel
SSN: 366-38-2346
Fathers Name: Wade Marlow
Mothers Name: Orpha Yarger
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Grand Rapids
County: Kent

Hospital or Other Place of Death

Butterworth Hospital
Patient Status: Inpatient

Residence

Address: 2730 Jordan Rd Carlton
County: Barry
City: Carlton Twp
Zip Code: 48849

Manner of Death: Not Specified

Line 1: Respiratory Failure

Line 2: Ascites, Pleural Effusion

Line 3: Anaplastic Metastatic Carcinoma, Uncertain Primary

Line 4:

Other Conditions: Impaired Glucose Tolerance

Injury Date:

Description of Injury:

Occupation: Farmer

Industry: Self Employed

02/02/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
Non-Resident Transcripts

State of Residence: Michigan

File Number: 054162

Patient Information

Decedents Name: Eddie Marshall
Sex: Male
Date of Death: 09/18/997
Date of Birth: 11/03/904
Spouses Name:
SSN: 407-01-1884
Fathers Name: Estel Marshall
Mothers Name: Josephine Risner
Place of Birth: Kentucky
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 08
Marital Status: Widow, Widower

Place of Death

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

Residence

Address: 11753 Lewis Rd. Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49083

Manner of Death

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

Other Conditions:
Injury Date:
Injury Description:
Occupation: Logger
Industry: Logging

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

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Decedents Name: OMA JEAN MARTIN Sex: Female
Date of Death: 10/22/993 Date of Birth: 10/10/920 Age: 73
Fathers Last Name: Garrison

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

If Hospital: Inpatient SSN: 377-18-4001

Residence
County: Barry
City: Hope Twp Address: 5045 First Street
Zip Code: 49046

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

Underlying Cause of Death:

5621

Related Cause of Death (*)

117855
215621
31436
417860
614140
622500

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 62052

(*) 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

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Decedents Name: Julius Foster Martz Sex: Male
Date of Death: 08/26/994 Date of Birth: 03/25/924 Age: 70
Fathers Last Name: Martz

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

If Hospital: Inpatient SSN: 385-14-1761

Residence
County: Barry
City: Thornapple Twp Address: 315 High Street
Zip Code: 49333

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

Underlying Cause of Death:

2901

Related Cause of Death (*)

11486
217872
312901
614409

Autopsy: No Findings Available: No Actual Place: Other Instituti

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 50119

(*) 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: Charles Masacek Sex: Male
Date of Death: 07/29/994 Date of Birth: 12/04/904 Age: 89
Fathers Last Name: Masacek

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

If Hospital: Inpatient SSN: 373-07-7584

Residence
County: Barry
City: Middleville Address: 3874 McNaughton Hills
Zip Code: 49333

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

Underlying Cause of Death:

4539

Related Cause of Death (*)

114289
21586
314539
414539
612989

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 43407

(*) 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: 049811

Decedents Name: Esther J. Mathias
Sex: Female
Date of Death: 08/27/996
Date of Birth: 02/02/928
Spouses Name: Philip A. Mathias
SSN: 292-22-2067
Fathers Name: Albert E. Karl
Mothers Name: Julia M. Bartha
Place of Birth: West Virginia
Ancestry: German
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death
City: East Grnd Rapids
County: Kent

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

Residence
Address: 515 Cider Mill Drive Middleville
County: Barry
City: Middleville
Zip Code: 49333

Manner of Death: Not Specified
Line 1: Gastrointestinal Bleeding
Line 2: Peptic Ulcer Disease
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Housewife
Industry: Own Home

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

08/26/98

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 017082

Patient Information

Decedents Name: Khristophe John Matson
Sex: Male
Date of Death: 03/10/1998
Date of Birth: 03/23/1978
Spouses Name:
SSN: 368-88-3418
Fathers Name: Randall Matson
Mothers Name: Peggy Palmatier
Place of Birth: Michigan
Ancestry: American
Armed Forces: No
Race: White
Education: 1 year College
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: 13435 S. Wall Lake Road Barry
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Respiratory Failure
Line 2: Chronic Pneumonia
Line 3: Cystic Fibrosis
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Security Guard
Industry: Manufacturing Company

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Belle Matteson Sex: Female
Date of Death: 05/26/994 Date of Birth: 05/05/895 Age: 99
Fathers Last Name: Sovereign

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

If Hospital: Inpatient SSN: 385-46-0531

Residence
County: Barry
City: Yankee Springs Twp Address: 143 Dorice Ave.
Zip Code: 49333

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

Underlying Cause of Death:

410

Related Cause of Death (*)

11410
214149
614019
62585
633109

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 28501

(*) 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: 001209

Patient Information

Decedents Name: Keith C. Mead
Sex: Male
Date of Death: 01/26/1998
Date of Birth: 07/27/1919
Spouses Name:
SSN: 362-18-3046
Fathers Name: Edward C. Mead
Mothers Name: Charlotte Main
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: Battle Creek
County: Calhoun
Hospital or Other Place of Death:
Battle Creek Health Systems
Patient Status: Inpatient

Residence

Address: 1834 Cogswell Road Castleton
County: Barry
City: Castleton Twp
Zip Code: 49058

Manner of Death

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

Other Conditions: Congestive Heart Failure
Injury Date:
Injury Description:
Occupation: Journeyman Welder
Industry: Lift Truck Manufacturer

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Rachel Isabella Merring Sex: Female
Date of Death: 04/30/994 Date of Birth: 04/28/994 Age: 02
Fathers Last Name: Merring

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

If Hospital: Inpatient SSN: - -

Residence
County: Barry
City: Hastings Address: 804 E. Mill St.
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: Irish Race: White
Education: None

Underlying Cause of Death:

7450

Related Cause of Death (*)

117798
217469
227450

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 30120

(*) 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

03/27/98

DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 067735

Patient Information

Decedents Name: Russell B. Metheny
Sex: Male
Date of Death: 11/24/997
Date of Birth: 09/21/909
Spouses Name:
SSN: 413-07-0491
Fathers Name: Leonard George Metheny
Mothers Name: Kitty P. Wiseman
Place of Birth: Kentucky
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

Place of Death

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

Residence

Address: 303 E. Orchard St. Barry
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Prostate Cancer
Line 2: Sepsis Questionable
Line 3: Pancytopenia
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Laborer
Industry: State Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Henry R. Meyers Sex: Male
Date of Death: 12/17/994 Date of Birth: 05/02/922
Fathers Name: Leonard Meyers
Mothers Name: Bessie Schuur
Spouses Name: Elizabeth Meyers

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

If Hospital: Inpatient SSN: 336-12-7401

Residence
County: Barry
City: Yankee Springs Twp Address: 2061 Archwood Dr.
Zip Code: 49348

Place of Birth: Illinois
Armed Forces: Yes Marital Status: Married
Ancestry: Other Western European Race: White
Education: High School

Underlying Cause of Death:

888

Related Cause of Death (*)

11(54
612089
62492
634284
64888

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: 076699

(*) 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: Lois I. Middleton Sex: Female
Date of Death: 03/15/994 Date of Birth: 11/19/926 Age: 67
Fathers Last Name: Sherk

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

If Hospital: Inpatient SSN: 384-24-4529

Residence
County: Barry
City: Yankee Springs Twp Address: 705 S. Briggs Rd.
Zip Code: 49333

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

Underlying Cause of Death:

8784

Related Cause of Death (*)

115185
21)974
318784
61138
623599

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Accident

Work Injury: Location:

State File Number: 16761

(*) 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: KARL M. MILLARD, SR. Sex: Male
Date of Death: 04/23/993 Date of Birth: 05/07/939 Age: 53
Fathers Last Name: Millard

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

If Hospital: DOA with hospital name SSN: 385-38-6386

Residence
County: Barry
City: Prairieville Twp Address: 7370 S. Crooked Lake Dr.
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:

4149

Related Cause of Death (*)

114279
214149
614280

Autopsy: No Findings Available: Unknown Actual Place: Home

Medical Examiner Cases: Yes Mode of Death: Natural

Work Injury: Location:

State File Number: 22920

(*) 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: Clara Lucille Miller Sex: Female
Date of Death: 03/20/994 Date of Birth: 05/15/922 Age: 71
Fathers Last Name: Augustine

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

If Hospital: Inpatient SSN: 383-16-7286

Residence
County: Barry
City: Hastings Twp Address: 3566 Bridge Park Road
Zip Code: 49058

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

Underlying Cause of Death:

1629

Related Cause of Death (*)

111629
614249
624140

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 15338

(*) 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: 002932

Decedents Name: Helen Margaret Miller
Sex: Female
Date of Death: 01/16/997
Date of Birth: 02/06/941
Spouses Name: Clark W. Miller
SSN: 380-38-3450
Fathers Name: Allen H. Worden
Mothers Name: Margaret L. Swanson
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 Grnd Rapids
County: Kent

Hospital or Other Place of Death

Blodgett Mem Med Cen
Patient Status: Inpatient

Residence

Address: 8104 Bayne Rd. Castleton
County: Barry
City: Castleton Twp
Zip Code: 48897

Manner of Death: Not Specified
Line 1: Acute Myocardial Infarction
Line 2: Advanced Arteriosclerosis
Line 3: Diabetes
Line 4:
Other Conditions: Obesity,
Injury Date:
Description of Injury:
Occupation: Bookkeeper
Industry: State Of Michigan

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Keith, Sr. D. Miller Sex: Male
Date of Death: 03/21/994 Date of Birth: 10/31/921
Fathers Name: Leo Miller
Mothers Name: Leah Mesnard
Spouses Name: Alberta Drake

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

If Hospital: Inpatient SSN: 375-14-4412

Residence
County: Barry
City: Johnstown Twp Address: 531 Mill Lake
Zip Code: 49017

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

Underlying Cause of Death:

0384

Related Cause of Death (*)

110384
611629
61(73

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 15337

(*) 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: 049224

Decedents Name: Kenneth B. Miller
Sex: Male
Date of Death: 07/27/996
Date of Birth: 12/16/937
Spouses Name: Jill Kelley
SSN: 369-32-7021
Fathers Name: Dorence Miller
Mothers Name: Violet Brock
Place of Birth: Michigan
Ancestry: American
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Lansing
County: Ingham

Hospital or Other Place of Death

Sparrow, Edward W Hospital
Patient Status: Inpatient

Residence

Address: 835 Sherman St. Nashville
County: Barry
City: Nashville
Zip Code: 49073

Manner of Death: Not Specified
Line 1: Severe Pancytopenia
Line 2: Bone Marrow Suppression
Line 3: End-stage Wegener's Granulomatosis
Line 4:
Other Conditions:
Injury Date: 0 / /
Description of Injury:
Occupation: Assembly Line
Industry: Automotive

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 061734

Decedents Name: Louis D. Miller
Sex: Male
Date of Death: 10/03/995
Date of Birth: 03/31/907
Spouses Name:
SSN: 366-09-0885
Fathers Name: William Miller
Mothers Name: Sada Rogers
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: High School
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: 12888 Jones Road Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Respiratory Insufficiency And Hypoxia
Line 2: Cerebrovascular Accident
Line 3: Pneumonia
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Set Up Man
Industry: Valve Mfg. Company

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 042848

Decedents Name: Edith Leota Mills
Sex: Female
Date of Death: 06/28/996
Date of Birth: 11/21/913
Spouses Name:
SSN: 383-07-6034
Fathers Name: Edward Pyle
Mothers Name: Minnie Frisby
Place of Birth: Indiana
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Divorced

Place of Death

City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Bronson Methodist Hospital
Patient Status: Inpatient

Residence

Address: 12800 S. Parker Rd. Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Non Hodgkins Lymphoma.
Line 2:
Line 3:
Line 4:
Other Conditions: Toxic Epidermolysis
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: 007471

Decedents Name: Orville G. Minshall
Sex: Male
Date of Death: 02/07/996
Date of Birth: 06/01/934
Spouses Name: Lillie Coats
SSN: 365-34-2816
Fathers Name: Orville Minshall
Mothers Name: Ethelyn Shook
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 11
Marital Status: Married

Place of Death
City: Plainwell
County: Allegan

Hospital or Other Place of Death
Pipp Community Hospital
Patient Status: Inpatient

Residence
Address: 9499 Ford Road Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Adenocarcinoma Of The Mediastinum (Metastatic)
Line 2: Anemia Secondary To "a"
Line 3: Hypoxia
Line 4: Hypokalemia
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Janitor
Industry: Hospital

03/05/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
Non-Resident Transcripts

State of Residence: Michigan

File Number: 062585

Patient Information

Decedents Name: Sharon Diane Mitchell
Sex: Female
Date of Death: 10/19/997
Date of Birth: 11/11/941
Spouses Name: Dean Scott Mitchell
SSN: 379-42-7915
Fathers Name: William Frank Costello
Mothers Name: Marguerite V. Minor
Place of Birth: Michigan
Ancestry: Italian
Armed Forces: No
Race: White
Education: 2 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: 10510 Stoney Point Road
County: Barry
City: Prairieville Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Refractory Anemia With Ringed Sideroblasts
Line 2:
Line 3:
Line 4:

Other Conditions: Diabetes Mellitus; Atherosclerotic Heart Disease
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: LINDA MARIE MIX Sex: Female
Date of Death: 03/23/993 Date of Birth: 02/02/951 Age: 42
Fathers Last Name: Bailey

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

If Hospital: Emergency Room/Outpatient SSN: 381-54-4047

Residence
County: Barry
City: Hastings Twp Address: 1998 Starr School Rd.
Zip Code: 49058

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

Underlying Cause of Death:

8120

Related Cause of Death (*)

11(69
618120
228501
315939
614149

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: 15524

(*) 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: Thomas E. Modena Sex: Male
Date of Death: 12/23/994 Date of Birth: 12/08/941
Fathers Name: Walter Modena
Mothers Name: Evelyn Johnson
Spouses Name: Ann Budz

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

If Hospital: Inpatient SSN: 328-34-4680

Residence
County: Barry
City: Barry Twp Address: 11674 Fair Lake Dr.
Zip Code: 49046

Place of Birth: Illinois
Armed Forces: No Marital Status: Married
Ancestry: Italian Race: White
Education: 10

Underlying Cause of Death:

1991

Related Cause of Death (*)

115729
211977

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 076617

(*) 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: 007488

Decedents Name: William Moomey
Sex: Male
Date of Death: 02/18/996
Date of Birth: 03/07/916
SSN: 384-10-5867
Spouses Name: Eva M. Lehnert
Fathers Name: John Moomey
Mothers Name: Reka Timmer
Place of Birth: Michigan
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: 08
Marital Status: Married

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

Residence
Address: 6745 N. Middleville Road
County: Barry
City: Thornapple Twp
Zip Code: 49333

Manner of Death: Not Specified
Line 1: Congestive Heart Failure
Line 2:
Line 3:
Line 4:
Other Conditions: Chronic Renal Insufficiency, Cerebral Vascular Accident
Injury Date:
Description of Injury:
Occupation: Self-employed
Industry: Retail Hardware

12/02/97

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

State of Residence: Michigan

File Number: 021350

Patient Information

Decedents Name: Kenneth Benjamin Moon
Sex: Male
Date of Death: 04/05/997
Date of Birth: 07/04/926
Spouses Name:
SSN: 378-28-0443
Fathers Name: Benjamin Moon
Mothers Name: Charlotte Smith
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: Battle Creek
County: Calhoun
Hospital or Other Place of Death:
Battle Creek Health Systems
Patient Status: Inpatient

Residence

Address: 10440 Huff Rd. Assyria
County: Barry
City: Assyria Twp
Zip Code: 49021

Manner of Death

Manner: Not Specified
Line 1: Pneumonia
Line 2: Copd
Line 3:
Line 4: Closed Head Injury

Other Conditions:
Injury Date:
Injury Description:
Occupation: Welder / Electrician
Industry: Clark Equipment Co.

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 022908

Decedents Name: Clark Alden Morehouse
Sex: Male
Date of Death: 04/23/996
Date of Birth: 06/14/918
Spouses Name: Charlotte Coles
SSN: 368-14-3243
Fathers Name: Herbert A. Morehouse
Mothers Name: Opha Mae Waddell
Place of Birth: Michigan
Ancestry: German
Armed Forces: Yes
Race: White
Education: 2 years College
Marital Status: Married

Place of Death
City: Alamo Twp
County: Kalamazoo

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

Residence
Address: 180 Trails End Hope Mi
County: Barry
City: Hope Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Hypoxemia
Line 2: Pneumonia
Line 3:
Line 4:
Other Conditions: Small Cell Carcinoma Of The Lung
Injury Date:
Description of Injury:
Occupation: Carpenter
Industry: Cabinet Maker

07/14/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS FOR 1997
County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 079653

Patient Information

Decedents Name: Charles L. Morgan
Sex: Male
Date of Death: 11/25/1997
Date of Birth: 02/23/1933
Spouses Name: Joyce A. Kidder
SSN: 364-36-4780
Fathers Name: Leo Morgan
Mothers Name: Naomi Kurr
Place of Birth: Michigan
Ancestry: German
Armed Forces: Yes
Race: White
Education: 08
Marital Status: Married

Place of Death

City: Ann Arbor
County: Washtenaw
Hospital or Other Place of Death:
Mercywood Neuro Pych Hospital - CLOSED
Patient Status: Inpatient

Residence

Address: 5510 Stimpson Rd. Thornapple
County: Barry
City: Thornapple Twp
Zip Code: 49333

Manner of Death

Manner: Not Specified
Line 1: Respiratory Insufficiency
Line 2: Chronic Pulmonary Aspiration
Line 3: Esophageal Achalasia
Line 4:

Other Conditions: Renal Failure, Intraabdominal Abscess And Sepsis
Injury Date:
Injury Description:
Occupation: Electrician
Industry: Factories

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Melanie Faith Morgan Sex: Female
Date of Death: 10/01/994 Date of Birth: 03/05/974
Fathers Name: Gerald W. Morgan, Jr.
Mothers Name: Wendy E. Bucholz
Spouses Name:

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

If Hospital: SSN: 376-86-2650

Residence
County: Barry
City: Hastings Address: 202 E. Park St.
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 1 year College

Underlying Cause of Death:

9520

Related Cause of Death (*)

11)86
129520
61)86

Autopsy: No Findings Available: Unknown Actual Place: Other

Medical Examiner Case: No Mode of Death: Suicide

Work Injury: No Location: Street and Highway

State File Number: 061433

(*) 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.

11/16/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 029184

Patient Information

Decedents Name: James H. Morris
Sex: Male
Date of Death: 05/17/1998
Date of Birth: 02/17/1926
Spouses Name: Barbara J. Martin
SSN: 421-34-6451
Fathers Name: Silas Morris
Mothers Name: Matilda Allen
Place of Birth: Alabama
Ancestry: American
Armed Forces: Yes
Race: White
Education: 10
Marital Status: Married

Place of Death

City: Plainwell
County: Allegan
Hospital or Other Place of Death: Pipp Community Hospital
Patient Status: Emergency Room/Outpatient

Residence

Address: 11006 Wildwood Rd.
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death

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

Other Conditions:
Injury Date:
Injury Description:
Occupation: Lineman
Industry: Power Company

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 049864

Decedents Name: John Charles Mulligan
Sex: Male
Date of Death: 08/03/996
Date of Birth: 12/27/911
Spouses Name: Rita Schneider
SSN: 384-01-4371
Fathers Name: Henry Van Mulligan
Mothers Name: Gertrude Soet
Place of Birth: Michigan
Ancestry: Other Western European
Armed Forces: Yes
Race: White
Education: 5 years of college
Marital Status: Married

Place of Death
City: Grand Rapids
County: Kent

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

Residence
Address: 456 Barlow Lake Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49333

Manner of Death: Not Specified
Line 1: Pneumonia
Line 2:
Line 3:
Line 4:
Other Conditions: Prostate Cancer
Injury Date:
Description of Injury:
Occupation: Dentist
Industry: Dentistry

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Lyle Thomas Munyon Sex: Male
Date of Death: 06/02/994 Date of Birth: 12/23/929 Age: 64
Fathers Last Name: Munyon

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

If Hospital: Emergency Room/Outpatient SSN: 375-24-9965

Residence
County: Barry
City: Johnstown Twp Address: 14212 Bedford Road
Zip Code: 49017

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

Underlying Cause of Death:

2500

Related Cause of Death (*)

11490
21496
314280
412500

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 35430

(*) 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: 008250

Decedents Name: Mary Elouise Munyon
Sex: Female

Date of Death: 02/04/997
Date of Birth: 08/03/927

Spouses Name:
SSN: 369-28-0307

Fathers Name: George Rankin Hart

Mothers Name: Sarah Lena Havens

Place of Birth: Michigan

Ancestry: British, Scotch, Welsh, Scotch Irish

Armed Forces: No
Race: White

Education: 1 year 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: 14212 Bedford Road Johnstown
County: Barry

City: Johnstown Twp
Zip Code: 49017

Manner of Death: Not Specified

Line 1: Sepsis

Line 2: Pancytopenia

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Beautician

Industry: Beauty Salon

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Edward M. Murphy Sex: Male
Date of Death: 04/27/994 Date of Birth: 10/08/928 Age: 65
Fathers Last Name: Murphy

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

If Hospital: Inpatient SSN: 363-32-5657

Residence
County: Barry
City: Yankee Springs Twp Address: 1125 Payne Lake Road
Zip Code: 49348

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

Underlying Cause of Death:

585

Related Cause of Death (*)

11)968
61585
622500
638780

Autopsy: No Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 23980

(*) 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: 056899

Decedents Name: Joyce Murray
Sex: Female
Date of Death: 09/26/995
Date of Birth: 10/10/934
Spouses Name: Charles E. Murray
SSN: 372-32-4388
Fathers Name: Sjur Moe
Mothers Name: Margaret Grund
Place of Birth: Michigan
Ancestry: Norwegian, Swedish Danish
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: 195 Powell Road Hastings
County: Barry
City: Hastings Twp
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Restrictive Lung Disease
Line 2: Rheumatoid Arthritis
Line 3:
Line 4:
Other Conditions: Cushingoid Secondary To Chronic Steroid Use; Recent Mrsa Septicemia
Injury Date:
Description of Injury:
Occupation: Clerical
Industry: Office

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Nelson, Sr F. Myers Sex: Male
Date of Death: 08/23/994 Date of Birth: 05/16/928 Age: 66
Fathers Last Name: Myers

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

If Hospital: Inpatient SSN: 375-24-9324

Residence
County: Barry
City: Johnstown Twp Address: 3101 E. Mud Lake Rd.
Zip Code: 49050

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

Underlying Cause of Death:

4169

Related Cause of Death (*)

117990
214169
614149

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 48373

(*) 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: MARY MYKYTUK Sex: Female
Date of Death: 07/25/993 Date of Birth: 10/08/908 Age: 84
Fathers Last Name: FINA

Place of Death
Hospital: Unknown
City: Charlotte County: Eaton

If Hospital: Inpatient SSN: 377-01-6340

Residence
County: Barry
City: Castleton Twp Address: 9562 COATS GROVE RD.
Zip Code: 48897

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

Underlying Cause of Death:

887

Related Cause of Death (*)

11)971
612500
628789
63(20
64887

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: 41747

(*) 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: 028622

Decedents Name: Lystra O. Mc Bain
Sex: Female
Date of Death: 04/30/996
Date of Birth: 11/22/916
Spouses Name:
SSN: 429-10-5906
Fathers Name: James Turner Brackin
Mothers Name: Elizabeth Wimberley
Place of Birth: Arkansas
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
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: 5390 Waldorf Rd. Hope
County: Barry
City: Hope Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Cva
Line 2:
Line 3:
Line 4:
Other Conditions: Poor Nutritional State; Copd, Dementia; Psychiatric Disorder; Folic Acid Deficiency
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: At Home

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 055252

Decedents Name: Inez L. Mc Carty
Sex: Female
Date of Death: 09/11/995
Date of Birth: 10/04/904
Spouses Name:
SSN: 370-10-8743
Fathers Name: William Coleman
Mothers Name: Dora Wilkes
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: Battle Creek
County: Calhoun
Hospital or Other Place of Death
Nursing Home or Extended Care Facility
Patient Status: Inpatient

Residence
Address: 9318 S. Bedford Road Baltimore
County: Barry
City: Baltimore Twp
Zip Code: 49050

Manner of Death: Not Specified
Line 1: Congestive Heart Failure
Line 2: Arteriosclerosis
Line 3:
Line 4:
Other Conditions: Dementia Secondary To Stroke; Dysphasia; G Tube; Hypothyroidism
Injury Date:
Description of Injury:
Occupation: Bookkeeper
Industry: Retail Sales

02/02/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
Non-Resident Transcripts

State of Residence: Michigan

File Number: 056842

Patient Information

Decedents Name: Paul Steven Mc Carty
Sex: Male
Date of Death: 09/26/997
Date of Birth: 05/16/957
Spouses Name: Nancy L. Kuiphof
SSN: 373-64-2786
Fathers Name: Paul F. Mc Carty
Mothers Name: Margaret I. Hall
Place of Birth: Michigan
Ancestry: Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Norman Twp
County: Manistee
Hospital or Other Place of Death: Not Classifiable
Patient Status:

Residence

Address: 4601 Buehler Irving
County: Barry
City: Irving Twp
Zip Code: 49085

Manner of Death

Manner: Accidental
Line 1: Massive Internal Blunt Trauma
Line 2: Motor Vehicle Accident
Line 3:
Line 4:

Other Conditions:
Injury Date: 09/26/1997
Injury Description: Vehicle Rollover
Occupation: Factory Worker
Industry: Office Furniture Mfg.

04/28/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 076191

Decedents Name: Geraldine Mc Comb
Sex: Female
Date of Death: 12/28/996
Date of Birth: 05/08/932
Spouses Name: Thomas R. Mc Comb
SSN: 368-40-5781
Fathers Name: Charles M. Tripp
Mothers Name: Dorothy Bennett
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: 13745 Banfield Road Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

Manner of Death: Not Specified
Line 1: Cardiac Arrhythmia
Line 2: Vasculitis
Line 3: Neuropathy Secondary To Rheumatoid Arthritis
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Grocery Clerk
Industry: Grocery Store

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Naunearl McCoy Sex: Female
Date of Death: 06/19/994 Date of Birth: 04/04/908 Age: 86
Fathers Last Name: Young

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

If Hospital: Inpatient SSN: 370-16-0169

Residence
County: Barry
City: Johnstown Twp Address: 621 East Shore Drive
Zip Code: 49017

Place of Birth: Kentucky
Armed Forces: No Marital Status: Widow, Widower
Ancestry: American Race: White
Education: 2 years College

Underlying Cause of Death:

7302

Related Cause of Death (*)

110389
217302
227070
314280
32496

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 35460

(*) 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 B. McCURDY Sex: Female
Date of Death: 05/04/993 Date of Birth: 11/01/916 Age: 76
Fathers Last Name: Hecker

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

If Hospital: Inpatient SSN: 367-12-2933

Residence
County: Barry
City: Woodland Twp Address: 10271 Barnum 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:

888

Related Cause of Death (*)

11(54
614284
62888

Autopsy: Yes Findings Available: Yes Actual Place: Hospital

Medical Examiner Case: No Mode of Death: Accident

Work Injury: No Location: Home

State File Number: 29747

(*) 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: James Bruce McDowell Sex: Male
Date of Death: 06/14/993 Date of Birth: 08/01/939 Age: 53
Fathers Last Name: McDowell

Place of Death
Hospital: Unknown
City: Adrian County: Lenawee

If Hospital: Inpatient SSN: 382-38-4695

Residence
County: Barry
City: Hastings Address: 521 W. Center St.
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 5 years of college

Underlying Cause of Death:

1629

Related Cause of Death (*)

111629

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 36572

(*) 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: 076283

Decedents Name: Raymond, J Earl Mc Gandy
Sex: Male
Date of Death: 11/26/996
Date of Birth: 11/06/922
Spouses Name:
SSN: 471-18-8896
Fathers Name: Raymond Earl Mc Gandy, Sr.
Mothers Name: Grace Foley
Place of Birth: Minnesota
Ancestry: Irish
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Divorced

Place of Death
City: East Grnd Rapids
County: Kent

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

Residence
Address: 1429 S. Jefferson St. Hastings
County: Barry
City: Hastings
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Bilateral Pneumonia
Line 2: Septicemia
Line 3: Hemolytic Anemia
Line 4: Renal Failure
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Quality Control
Industry: U.s. Government

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: GLENN HOWARD McGONEGAL Sex: Male
Date of Death: 05/16/993 Date of Birth: 05/01/936 Age: 57
Fathers Last Name: McGonegal

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

If Hospital: Inpatient SSN: 383-34-1035

Residence
County: Barry
City: Orangeville Twp Address: 4260 Lynden Road
Zip Code: 49344

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

Underlying Cause of Death:

1991

Related Cause of Death (*)

111991

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 30066

(*) 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: Roger Lee McGrew Sex: Male
Date of Death: 03/20/994 Date of Birth: 03/02/920 Age: 74
Fathers Last Name: McGrew

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

If Hospital: Inpatient SSN: 405-07-8187

Residence
County: Barry
City: Castleton Twp Address: 8455 Guy Rd
Zip Code: 49073

Place of Birth: Tennessee
Armed Forces: Yes Marital Status: Widow, Widower
Ancestry: Irish Race: White
Education: 10

Underlying Cause of Death:

486

Related Cause of Death (*)

11486
612989

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 15332

(*) 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: 007828

Decedents Name: Kenneth Frank Mc Leod
Sex: Male

Date of Death: 02/04/996
Date of Birth: 07/31/917

Spouses Name:
SSN: 382-18-9979

Fathers Name: James A. Mc Leod

Mothers Name: Alice Mae Tarzwell

Place of Birth: Unknown

Ancestry: British, Scotch, Welsh, Scotch Irish

Armed Forces: Yes
Race: White

Education: High School
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: 5660 Woods Road Assyria
County: Barry

City: Assyria Twp
Zip Code: 49021

Manner of Death: Not Specified

Line 1: Chronic Renal Failure

Line 2: Carcinoma Bladder

Line 3:

Line 4:

Other Conditions: Congestive Heart Failure

Injury Date:

Description of Injury:

Occupation: Airframe, Power Plant Mechanic

Industry: U.s. Air Force

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

07/30/98

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 008486

Patient Information

Decedents Name: Tina M. Mc Leod
Sex: Female
Date of Death: 01/24/1998
Date of Birth: 12/06/1962
Spouses Name: Mark D. Mc Leod
SSN: 377-70-6358
Fathers Name: Jessie D. Hard Sr.
Mothers Name: Thelma E. Griffin
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 10
Marital Status: Married

Place of Death

City: Flint
County: Genesee
Hospital or Other Place of Death: McLaren Gen Hospital
Patient Status: Emergency Room/Outpatient

Residence

Address: 5660 Woods Road Assyria
County: Barry
City: Assyria Twp
Zip Code: 49021

Manner of Death

Manner: Accidental
Line 1: Blunt Thoracoabdominal Trauma
Line 2: Motor Vehicle Accident
Line 3:
Line 4:

Other Conditions:
Injury Date: 01/24/1998
Injury Description: Motor Vehicle Rollover/ Ejection
Occupation: Homemaker
Industry: Homemaker

11/27/95

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

State: Michigan

File Number: 022739

Decedents Name: Joe W McNatt
Sex: Male
Date of Death: 03/12/995
Date of Birth: 04/13/929
Spouses Name: Mildred Jones
SSN: 420-36-9595
Fathers Name: Joe Travis McNatt
Mothers Name: Etta Willis
Place of Birth: Alabama
Hospital: Michigan Capital Med. Ctr. - Greenlawn Campus
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 09
Marital Status: Married

Place of Death

City: Lansing
County: Ingham
If Hospital: Inpatient

Residence

Address: 821 Beech Woodland
County: Barry
City: Woodland Twp
Zip Code: 48849

Manner of Death: Not Specified
Line 1: Pulmonary Embolism
Line 2: Deep Venous Thrombosis
Line 3: Open Heart Surgery
Line 4: Coronary Artery Disease
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Inspector
Industry: General Motors

12/02/97

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

State of Residence: Michigan

File Number: 036505

Patient Information

Decedents Name: Dorothy M. Mc Vey
Sex: Female
Date of Death: 06/05/997
Date of Birth: 03/21/926
Spouses Name: Donald Mc Vey
SSN: 132-18-0031
Fathers Name: Aldof Wyss
Mothers Name: Barbara Sunkel
Place of Birth: New York
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: 1 year College
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: 315 E. William Street Hastings
County: Barry
City: Hastings
Zip Code: 49058

Manner of Death

Manner: Not Specified
Line 1: Klat Skin Tumor
Line 2:
Line 3:
Line 4:

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