DEATH TRANSCRIPTS OF BARRY COUNTY RESIDENTS

WHO DIED OUTSIDE BARRY COUNTY

Compiled by the Michigan Department of Health

This volume (Volume 8) begins with **Quick** and ends with **Shoemaker**

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: WILLIAM W. QUICK Sex: Male
Date of Death: 03/06/993 Date of Birth: 03/20/924 Age: 68
Fathers Last Name: QUICK

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

If Hospital: Emergency Room/Outpatient SSN: 336-24-8655

Residence
County: Barry
City: Barry Twp Address: 221 E. ORCHARD STREET
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: Irish Race: White
Education: 1 year College

Underlying Cause of Death:

410

Related Cause of Death (*)

11410

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Yes Mode of Death: Natural

Work Injury: Location:

State File Number: 49410

(*) 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: 048276

Decedents Name: Theresa Elizabeth Racine
Sex: Female
Date of Death: 08/08/996
Date of Birth: 01/28/907
Spouses Name:
SSN: 381-32-5983
Fathers Name: Daniel Kovacs
Mothers Name: Mary Levi
Place of Birth: New York
Ancestry: Other Easter European
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: 9733 Jones Rd. Assyria
County: Barry
City: Assyria Twp
Zip Code: 49021

Manner of Death: Not Specified
Line 1: Cardiomyopathy
Line 2: Congestive Heart Failure
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: Own Home

02/02/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
Non-Resident Transcripts

State of Residence: Michigan

File Number: 055944

Patient Information

Decedents Name: Nicholas James Rackow
Sex: Male
Date of Death: 08/29/997
Date of Birth: 08/22/997
Spouses Name: None
SSN:
Fathers Name: David Herbert Rackow
Mothers Name: Paula Marie Swainston
Place of Birth: Michigan
Ancestry: American
Armed Forces: No
Race: White
Education: None
Marital Status: Never Married

Place of Death

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

Residence

Address: 601 S. Bassett Lake Road Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49333

Manner of Death

Manner: Not Specified
Line 1: Respiratory Failure
Line 2: Severe Perinatal Asphyxia
Line 3:
Line 4:

Other Conditions: Staph Aureus Septicemia
Injury Date:
Injury Description:
Occupation: None
Industry: None

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 049688

Decedents Name: Amanda B. Ramsey
Sex: Female
Date of Death: 08/22/996
Date of Birth: 10/28/991
Spouses Name:
SSN: 382-13-5839
Fathers Name: Garry Ramsey
Mothers Name: Deb Blair
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: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Borgess Med Cen
Patient Status: Emergency Room/Outpatient

Residence

Address: 4400 Orchard St. Hope
County: Barry
City: Hope Twp
Zip Code: 49046

Manner of Death: Accidental
Line 1: Multiple Trauma
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date: 08/22/1996
Description of Injury: Struck By Pick- Up Truck
Occupation: Student
Industry: Education

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 062573

Decedents Name: Rosemary Ramsey
Sex: Female
Date of Death: 10/06/996
Date of Birth: 08/31/938
Spouses Name:
SSN: 384-36-2033
Fathers Name: Raymond Johnson
Mothers Name: Mary Alice Raver
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: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Borgess Med Cen
Patient Status: Inpatient

Residence

Address: 2484 Pifer Rd. Barry Mi
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Pneumonia
Line 2: Sepsis
Line 3: Pneumothorax
Line 4:
Other Conditions: Bacterial And Yeast Infections
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: THORNLEY RAPP RANKIN Sex: Male
Date of Death: 06/14/993 Date of Birth: 10/10/920 Age: 72
Fathers Last Name: Rankin

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

If Hospital: Emergency Room/Outpatient SSN: 381-12-6194

Residence
County: Barry
City: Assyria Twp Address: 5695 Mud Lake Road
Zip Code: 49021

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

Underlying Cause of Death:

410

Related Cause of Death (*)

11410

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 48055

(*) 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: Mildred H Reed Sex: Female
Date of Death: 01/04/994 Date of Birth: 04/20/898 Age: 95
Fathers Last Name: Hall

Place of Death
Hospital: Oakland Med Examiner Office
City: Bloomfield Hills County: Oakland

If Hospital: SSN: 366-10-5499

Residence
County: Barry
City: Prairieville Twp Address: 12101 Oakridge PO Box
Zip Code: 49080

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:

410

Related Cause of Death (*)

11410
612500

Autopsy: No Findings Available: Unknown Actual Place: Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 5106

(*) 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: 002569

Patient Information

Decedents Name: Tom Kenneth Reed
Sex: Male
Date of Death: 01/25/1998
Date of Birth: 07/31/1946
Spouses Name: Rebbecca Cool
SSN: 380-46-3272
Fathers Name: Kenneth Reed
Mothers Name: Ruth Geib
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: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death: Borgess Med Cen
Patient Status: Inpatient

Residence

Address: 8060 S. Wall Lake Rd. Hope
County: Barry
City: Hope Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Ruptured Cerebral Aneurysm
Line 2:
Line 3:
Line 4:

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

STAPLES

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 022863

Decedents Name: Thomas Terry Reid
Sex: Male
Date of Death: 03/17/996
Date of Birth: 12/30/957
Spouses Name:
SSN: 373-68-7482
Fathers Name: Meredith J. Reid
Mothers Name: Shirley M. Morgan
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: Ross Twp
County: Kalamazoo
Hospital or Other Place of Death
Unclassified
Patient Status:

Residence
Address: 902 S Hayes Street Hastings
County: Barry
City: Hastings
Zip Code: 49058

Manner of Death: Undetermined
Line 1: Aspiration Suffocation
Line 2: Plastic Bag In Air Way
Line 3:
Line 4:
Other Conditions: Recent & Chronic Cocaine Use
Injury Date:
Description of Injury: Unknown
Occupation: Maintenance Supervisor
Industry: Apartment Complex

09/03/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 024462

Patient Information

Decedents Name: Erma W. Reigler
Sex: Female
Date of Death: 04/19/1998
Date of Birth: 09/14/1916
Spouses Name:
SSN: 381-03-4816
Fathers Name: Oscar Boyer
Mothers Name: Myrtle Mc Withy
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:
St Mary's Health Services - Grand Rapids
Patient Status: Inpatient

Residence

Address: 9955 Chief Noonday Rd. Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49333

Manner of Death

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

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

11/27/95

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

State: Michigan

File Number: 016443

Decedents Name: Herbert Lee Reigler
Sex: Male
Date of Death: 03/11/995
Date of Birth: 02/04/919
SSN: 367-12-3617
Spouses Name: Bertha J. Vermat
Fathers Name: Seymore A. Reigler
Mothers Name: Mable Kenyon
Place of Birth: Michigan
Hospital: Unknown
Ancestry: German
Armed Forces: No
Race: White
Education: 08
Marital Status: Married

Place of Death

City: Grand Rapids
County: Kent
If Hospital: Unknown

Residence

Address: 1330 Patterson Lot 41 Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49348

Manner of Death: Not Specified
Line 1: Liver Metastasis
Line 2: Colon Carcinoma
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Laborer
Industry: Factory

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Jason Lee Rein Sex: Male
Date of Death: 12/26/994 Date of Birth: 10/31/971
Fathers Name: Gary R. Rein
Mothers Name: Pamela S. Magoon
Spouses Name:

Place of Death
Hospital: Unknown
City: Bowne Twp County: Kent

If Hospital: SSN: 369-90-4140

Residence
County: Barry
City: Carlton Twp Address: 4777 Lot 29 Barber Rd.
Zip Code: 49058

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

Underlying Cause of Death:

8150

Related Cause of Death (*)

11(54
618150

Autopsy: Yes Findings Available: Yes Actual Place: Other

Medical Examiner Case: No Mode of Death: Accident

Work Injury: No Location: Street and Highway

State File Number: 077137

(*) 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: Mildred Irene Rhodes Sex: Female
Date of Death: 09/08/993 Date of Birth: 07/12/918 Age: 75
Fathers Last Name: Mack

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

If Hospital: Inpatient SSN: 367-26-7591

Residence
County: Barry
City: Johnstown Twp Address: 4900 Butler Road
Zip Code: 49050

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

Underlying Cause of Death:

4149

Related Cause of Death (*)

114149

Autopsy: Yes Findings Available: Yes Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 55832

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

12/02/97

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

State of Residence: Michigan

File Number: 025894

Patient Information

Decedents Name: Millard John Rideout
Sex: Male
Date of Death: 03/23/997
Date of Birth: 11/23/925
Spouses Name: Marie Gail Hooker
SSN: 722-01-0211
Fathers Name: Wilmont Earl Rideout
Mothers Name: Della G. Nye
Place of Birth: Maine
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

Place of Death

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

Residence

Address: 8020 Day Road Assyria
County: Barry
City: Assyria Twp
Zip Code: 49021

Manner of Death

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

Other Conditions:
Injury Date:
Injury Description:
Occupation: Auto Mechanic
Industry: Automobile Dealer

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 063402

Decedents Name: Frank D. Rider
Sex: Male
Date of Death: 10/08/995
Date of Birth: 10/27/917
Spouses Name:
SSN: 389-14-5141
Fathers Name: James Rider
Mothers Name: Myrtle Heacock
Place of Birth: Wisconsin
Ancestry: Irish
Armed Forces: Yes
Race: White
Education: 08
Marital Status: Widow, Widower

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

Residence
Address: 12856 Meadows Dr. Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49348

Manner of Death: Not Specified
Line 1: Ventricular Tachycardia
Line 2: Non Q Wave Myocardial Infarction
Line 3: Congestive Heart Failure
Line 4: Respiratory Failure
Other Conditions: Emphysema.
Injury Date:
Description of Injury:
Occupation: Tool & Die
Industry: General Motors

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: LaVerne Wendell Ridgeway Sex: Male
Date of Death: 05/13/994 Date of Birth: 07/11/920 Age: 73
Fathers Last Name: Ridgeway

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

If Hospital: Emergency Room/Outpatient SSN: 370-16-0767

Residence
County: Barry
City: Johnstown Twp Address: 1452 West Hickory Rd
Zip Code: 49017

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

Underlying Cause of Death:

4149

Related Cause of Death (*)

114149
214409

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 28823

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

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

12/02/97

DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 029708

Patient Information

Decedents Name: Leslie, Sr T. Ridner
Sex: Male
Date of Death: 05/08/997
Date of Birth: 03/13/936
Spouses Name: Jo Anne Hampton
SSN: 406-44-9407
Fathers Name: Newman Ridner
Mothers Name: Ellen Norman
Place of Birth: Kentucky
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: 09
Marital Status: Married

Place of Death

City: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death: Bronson Methodist Hospital
Patient Status: Emergency Room/Outpatient

Residence

Address: 11399 Sprague Rd. Barry
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Locally Advanced Lung Cancer
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Welder
Industry: Manufacturing

01/15/98

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

State of Residence: Michigan

File Number: 043272

Patient Information

Decedents Name: Jospehine Rincione
Sex: Female
Date of Death: 07/13/997
Date of Birth: 02/18/927
Spouses Name: None
SSN: 384-24-3565
Fathers Name: Philip Rincione
Mothers Name: Rosie Nihols
Place of Birth: Michigan
Ancestry: Italian
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:
Patient Status: Inpatient
Convalescent home, nursing home, medical care facility or hospice

Residence

Address: 6735 Maplewood Dr Delton
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death

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

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

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

07/30/98

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 009121

Patient Information

Decedents Name: Max Dean Rischow
Sex: Male
Date of Death: 02/06/1998
Date of Birth: 02/15/1937
Spouses Name:
SSN: 385-36-3166
Fathers Name: Carl Ludwick Rischow
Mothers Name: Tena Hoogeveen
Place of Birth: Michigan
Ancestry: American Indian
Armed Forces: No
Race: White
Education: High School
Marital Status: Divorced

Place of Death

City: Lansing
County: Ingham
Hospital or Other Place of Death: Sparrow, Edward W Hospital
Patient Status: Inpatient

Residence

Address: 351 Donna Dr. Woodland
County: Barry
City: Woodland Twp
Zip Code: 48849

Manner of Death

Manner: Not Specified
Line 1: Sepsis
Line 2: Acute Leukemia
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Quality Control Specialist
Industry: Automotive

07/30/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 002549

Patient Information

Decedents Name: Paul Risner
Sex: Male
Date of Death: 01/19/1998
Date of Birth: 11/30/1926
Spouses Name: Opal Marshall
SSN: 378-22-1489
Fathers Name: Green Risner
Mothers Name: Eva Howard
Place of Birth: Ohio
Ancestry: German
Armed Forces: Yes
Race: White
Education: 05
Marital Status: Married

Place of Death

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

Residence

Address: 5415 Marsh Road Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death

Manner: Accidental
Line 1: Subdural Hematoma
Line 2: Closed Head Injury
Line 3:
Line 4:

Other Conditions: Chronic Renal Failure
Injury Date: 01/12/1998
Injury Description: Fell & Struck Head At Home
Occupation: Self-employed
Industry: Logging Industry

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 068225

Decedents Name: Rebecca Risner
Sex: Female
Date of Death: 11/22/995
Date of Birth: 10/25/904
Spouses Name:
SSN: 281-18-3450
Fathers Name: Buel Fletcher
Mothers Name: Louise Risner
Place of Birth: Kentucky
Ancestry: American
Armed Forces: No
Race: White
Education: 08
Marital Status: Widow, Widower

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

Residence
Address: 5415 Marsh Road Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death: Not Specified
Line 1: Congestive Cardiomyopathy
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Home Maker
Industry: Own Home

05/13/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 081124

Patient Information

Decedents Name: Janice Marie Roach
Sex: Female
Date of Death: 12/25/997
Date of Birth: 05/25/948
Spouses Name: Gary L. Roach
SSN: 363-50-8075
Fathers Name: Norman W. Quick
Mothers Name: Bertha Jewell Rackley
Place of Birth: Michigan
Ancestry: American Indian
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death

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

Residence

Address: 996 Gerke Road Castleton
County: Barry
City: Castleton Twp
Zip Code: 49058

Manner of Death

Manner: Not Specified
Line 1: Pneumonia
Line 2: Adenocarcinoma Unknown Primary
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Steno Clerk
Industry: Railroad

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 055853

Decedents Name: Oswald E. Roberts
Sex: Male

Date of Death: 09/09/996
Date of Birth: 01/14/917

Spouses Name: Katherine Vander Weele
SSN: 366-05-6220

Fathers Name: Charles Roberts

Mothers Name: Cordelia Peake

Place of Birth: Michigan

Ancestry: British, Scotch, Welsh, Scotch Irish

Armed Forces: Yes
Race: Black

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: 226 East Shore Drive Prairieville
County: Barry

City: Prairieville Twp
Zip Code: 49060

Manner of Death: Not Specified

Line 1: Cardiogenic Shock

Line 2: Myocardial Infarction

Line 3: Coronary Artery Disease

Line 4:

Other Conditions:

Injury Date: 2 / /

Description of Injury:

Occupation: Repairman

Industry: Auto Supply Company

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: ASHTON MICHAEL ROBERTSON Sex: Male
Date of Death: 09/10/993 Date of Birth: 09/10/993 Age: 01
Fathers Last Name: Barnes

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

If Hospital: Inpatient SSN: - -

Residence
County: Barry
City: Orangeville Twp Address: 8226 Pine Lake Rd.
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: None

Underlying Cause of Death:

7689

Related Cause of Death (*)

117689
217650

Autopsy: No Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 55813

(*) 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: JONATHAN ROSE ROBERTSON Sex: Male
Date of Death: 10/10/993 Date of Birth: 09/10/993 Age: 01
Fathers Last Name: Barnes

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

If Hospital: Inpatient SSN: - -

Residence
County: Barry
City: Orangeville Twp Address: 8226 Pine Lake Road
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: None

Underlying Cause of Death:

0389

Related Cause of Death (*)

110389
210090
317651

Autopsy: Yes Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 61990

(*) 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: 041625

Decedents Name: Claude Edwin Romans
Sex: Male

Date of Death: 07/18/996
Date of Birth: 05/26/904

Spouses Name:
SSN: 363-36-3644

Fathers Name: Squire E. Romans

Mothers Name: Jessie M. Eaton

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: Emmet Twp
County: Calhoun

Hospital or Other Place of Death

Unclassified
Patient Status:

Residence

Address: 4081 Strickland Road Johnstown
County: Barry

City: Johnstown Twp
Zip Code: 49021

Manner of Death: Not Specified

Line 1: Multi Organ Failure

Line 2: Congestive Heart Failure

Line 3: Coronary Artery Dx

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Finance Clerk

Industry: Postal System

04/17/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 063233

Decedents Name: Dorothy Teresa Pea Ross
Sex: Female
Date of Death: 10/12/995
Date of Birth: 07/28/901
Spouses Name: Percy H. Ross
SSN: 383-34-6422
Fathers Name: Charles Carlton
Mothers Name: Nettie England
Place of Birth: Louisiana
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

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

Residence
Address: 4227 England Dr. Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death: Not Specified
Line 1: Renal Failure
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Beautician
Industry: Cosmotology

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 062797

Decedents Name: Percy Henry Ross
Sex: Male
Date of Death: 09/29/996
Date of Birth: 08/21/904
Spouses Name:
SSN: 367-05-5359
Fathers Name: Herbert Ross
Mothers Name: Bertha Voorheis
Place of Birth: Michigan
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: 08
Marital Status: Widow, Widower

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

Residence
Address: 4227 England Dr. Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death: Not Specified
Line 1: Adenocarcinoma Of Colon - Metastatic
Line 2:
Line 3:
Line 4:
Other Conditions: Arteriosclerotic Heart Disease, Diabetes Mellitus; Depression
Injury Date:
Description of Injury:
Occupation: Resort Owner
Industry: Recreation Entertainment

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

Decedents Name: DOROTHY M. ROUNDS Sex: Female
Date of Death: 02/09/993 Date of Birth: 11/15/921 Age: 71
Fathers Last Name: French

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

If Hospital: Inpatient SSN: 368-22-2898

Residence
County: Barry
City: Yankee Springs Twp Address: 905 N. Bassett Lake Rd.
Zip Code: 49333

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

Underlying Cause of Death:

1749

Related Cause of Death (*)

111749

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 8791

(*) 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: 043332

Decedents Name: Geraldine Ann Rowbotham
Sex: Female
Date of Death: 07/06/995
Date of Birth: 10/31/928
Spouses Name: Richard Rowbotham
SSN: 366-28-5495
Fathers Name: Norman Gray
Mothers Name: Reatha Robertson
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 10
Marital Status: Married

Place of Death
City: Kalamazoo
County: Kalamazoo

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

Residence
Address: 375 Hickory Road Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

Manner of Death: Not Specified
Line 1: Hypoxia
Line 2: Pneumonia
Line 3:
Line 4:
Other Conditions: Sepsis
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: Brett D. Royer Sex: Male
Date of Death: 04/19/994 Date of Birth: 11/16/967 Age: 26
Fathers Last Name: Royer

Place of Death
Hospital: Community Health Center of Branch County
City: Coldwater County: Branch

If Hospital: Emergency Room/Outpatient SSN: 379-96-9249

Residence
County: Barry
City: Rutland Twp Address: 1874 Yeckley Road
Zip Code: 49058

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

Underlying Cause of Death:

9588

Related Cause of Death (*)

11(53
219588

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: No Mode of Death: Suicide

Work Injury: No Location: Street and Highway

State File Number: 22219

(*) 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: 056652

Decedents Name: Ralph I I Elliott Rugh
Sex: Male
Date of Death: 09/23/995
Date of Birth: 12/12/948
Spouses Name: Melinda Hammond
SSN: 268-50-8761
Fathers Name: J. L. Rugh
Mothers Name: Suzanne Findley
Place of Birth: Pennsylvania
Ancestry: French
Armed Forces: No
Race: White
Education: 5 years of college
Marital Status: Married

Place of Death
City: East Grnd Rapids
County: Kent

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

Residence
Address: 54 Leach Lake Carlton
County: Barry
City: Carlton Twp
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Squamous Cell Carcinoma Of Lung And Pleura
Line 2: Esophageal Carcinoma
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Program Coordinator
Industry: Health Care

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: George H. Russell Sex: Male
Date of Death: 12/28/993 Date of Birth: 07/19/912 Age: 81
Fathers Last Name: Russell

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

If Hospital: Emergency Room/Outpatient SSN: 366-10-0865

Residence
County: Barry
City: Prairieville Twp Address: 15848 Enzian Rd.
Zip Code: 49080

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

Underlying Cause of Death:

4280

Related Cause of Death (*)

114280

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: No Mode of Death: Natural

Work Injury: Location:

State File Number: 75815

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

11/27/95

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

State: Michigan

File Number: 016587

Decedents Name: Elizabeth A. Sanford
Sex: Female
Date of Death: 03/05/995
Date of Birth: 01/07/963
Spouses Name: David Sanford
SSN: 378-86-1614
Fathers Name: Gerald Zimmer
Mothers Name: Geraldine DeYoung
Place of Birth: Michigan
Hospital: Unknown
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: 2 years College
Marital Status: Married

Place of Death

City: Wyoming
County: Kent
If Hospital:

Residence

Address: 438 Cider Mill Middleville
County: Barry
City: Middleville
Zip Code: 49333

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

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: ISRAEL JOSE SAUCEDO SR. Sex: Male
Date of Death: 05/24/993 Date of Birth: 03/15/935 Age: 58
Fathers Last Name: Saucedo

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

If Hospital: Inpatient SSN: 463-50-3108

Residence
County: Barry
City: Orangeville Twp Address: 6869 S Boulter Rd
Zip Code: 49344

Place of Birth: Texas
Armed Forces: No Marital Status: Married
Ancestry: Other and unknown Spanish Race: White
Education: 06

Underlying Cause of Death:

3481

Related Cause of Death (*)

113481
217991
31436
414331
612780
624019
63496

Autopsy: Yes Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 29666

(*) 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: 056062

Decedents Name: Scott Alon Savacool
Sex: Male

Date of Death: 09/02/996
Date of Birth: 06/02/971

Spouses Name:
SSN: 368-80-1518

Fathers Name: Wayne Douglas Savacool

Mothers Name: Susan Jean Britten

Place of Birth: Michigan

Ancestry: French

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

Metropolitan Hospital
Patient Status: Inpatient

Residence

Address: 10051 Upson Drive Praireville
County: Barry

City: Prairieville Twp
Zip Code: 49046

Manner of Death: Not Specified

Line 1: Pneumonia

Line 2:

Line 3:

Line 4:

Other Conditions: Duchenne's Muscular Dystrophy

Injury Date:

Description of Injury:

Occupation: Never Employed

Industry:

05/13/98

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

State of Residence: Michigan

File Number: 081931

Patient Information

Decedents Name: Kathleen Elizabeth Schantz
Sex: Female
Date of Death: 12/24/997
Date of Birth: 03/06/956
Spouses Name: Stanley R. Schantz
SSN: 378-70-5167
Fathers Name: Thomas C. Girrbach Sr.
Mothers Name: Florence M. Sclater
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 1 year College
Marital Status: Married

Place of Death

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

Residence

Address: 150 E. Carlton Center Rd.Carlton
County: Barry
City: Carlton Twp
Zip Code: 49058

Manner of Death

Manner: Not Specified
Line 1: Tracheal Anastomotic Dehiscence
Line 2: Heart Lung Transplant
Line 3: Tetralogy Of Fallot
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Underwriter
Industry: Insurance Company

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: MYRL W. SCHANTZ Sex: Male
Date of Death: 12/19/993 Date of Birth: 05/27/920 Age: 73
Fathers Last Name: Schantz

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

If Hospital: Inpatient SSN: 368-18-2810

Residence
County: Barry
City: Thornapple Twp Address: 2084 Fawn Ave.
Zip Code: 49333

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

Underlying Cause of Death:

4148

Related Cause of Death (*)

117855
214148
615789

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 76198

(*) 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: Gayla Sue Schaubel Sex: Female
Date of Death: 10/07/994 Date of Birth: 01/12/954
Fathers Name: Howard James Schaubel
Mothers Name: Marjorie Moody
Spouses Name: Gary John Klooster

Place of Death
Hospital: Unknown
City: Cascade Twp County: Kent

If Hospital: SSN: 384-60-7470

Residence
County: Barry
City: Hope Twp Address: 6099 Head Rd.
Zip Code: 49058

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

Underlying Cause of Death:

5733

Related Cause of Death (*)

115722
215789
315733
61303

Autopsy: No Findings Available: No Actual Place: Home

Medical Examiner Case: No Mode of Death: Natural

Work Injury: Location:

State File Number: 063553

(*) 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: 043295

Patient Information

Decedents Name: Margaret A. Schleh
Sex: Female
Date of Death: 07/17/997
Date of Birth: 03/13/940
Spouses Name: William L. Schleh
SSN: 381-42-1447
Fathers Name: Walter James Brown
Mothers Name: Lucille Mildred Gillespie
Place of Birth: Michigan
Ancestry: Irish
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: Metropolitan Hospital
Patient Status: Inpatient

Residence

Address: 6181 Whitneyville Rd. Thornapple
County: Barry
City: Thornapple Twp
Zip Code: 49333

Manner of Death

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

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

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 002461

Decedents Name: Ruth Jeannette Schlenker
Sex: Female

Date of Death: 01/17/996
Date of Birth: 12/18/917

Spouses Name: Albert Schlenker
SSN: 363-22-7568

Fathers Name: Jerry Hubbard

Mothers Name: Ivah Louise Sturgis

Place of Birth: Michigan

Ancestry: British, Scotch, Welsh, Scotch Irish

Armed Forces: No
Race: White

Education: 43
Marital Status: Married

Place of Death

City: Blackman Twp
County: Jackson

Hospital or Other Place of Death

Nursing Home or Extended Care Facility
Patient Status: Inpatient

Residence

Address: 2251 Springport Rd. Apt. Blackman
County: Barry

City: Assyria Twp
Zip Code: 49202

Manner of Death: Not Specified

Line 1: Carcinoma Of Breast With Metastasis

Line 2:

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Homemaker

Industry: Domestic

11/27/95

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

State: Michigan

File Number: 002450

Decedents Name: Irene L. Schley
Sex: Female
Date of Death: 01/08/995
Date of Birth: 11/19/929
Spouses Name: Merle Schley
SSN: 226-30-1302
Fathers Name: James Asa Nichols
Mothers Name: Virginia Tyre Noblin
Place of Birth: Virginia
Hospital: Borgess Med Cen
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 08
Marital Status: Married

Place of Death

City: Kalamazoo
County: Kalamazoo
If Hospital: Inpatient

Residence

Address: 7707 Guernsey Lake Rd.
County: Barry
City: Orangeville Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Advanced Malignant Lymphoma
Line 2:
Line 3:
Line 4:
Other Conditions: Past Cancer Of Breast; Cerebral Hemorrhage
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: At Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Robert M. Schoder Sex: Male
Date of Death: 01/01/994 Date of Birth: 08/24/918 Age: 75
Fathers Last Name: Schoder

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

If Hospital: Inpatient SSN: 366-09-2742

Residence
County: Barry
City: Johnstown Twp Address: 14981 Uldriks Drive
Zip Code: 49017

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

Underlying Cause of Death:

4280

Related Cause of Death (*)

114280

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 1375

(*) 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: 043469

Decedents Name: Patty Lou Schondelmayer
Sex: Female
Date of Death: 07/11/995
Date of Birth: 08/30/928
Spouses Name: Glenn Schondelmayer
SSN: 373-24-1916
Fathers Name: Cleotis Cummings
Mothers Name: Genevieve Sturgeon
Place of Birth: Indiana
Ancestry: American
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: 1600 Middleville Road Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49333

Manner of Death: Not Specified
Line 1: Acute Myocardial Infarction
Line 2: Severe Chronic Obstructive Lung Disease
Line 3: Status Post Aorta-femoral Bypass
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Insurance Owner
Industry: Insurance Agent

11/27/95

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

State: Michigan

File Number: 015816

Decedents Name: Doris Leatha Schott
Sex: Female
Date of Death: 03/04/995
Date of Birth: 01/21/919
Spouses Name:
SSN: 363-36-4090
Fathers Name: Gail Kelly
Mothers Name: Blanch VanSickle
Place of Birth: Michigan
Hospital: Unknown
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

Place of Death

City: Ionia
County: Ionia
If Hospital: Inpatient

Residence

Address: 13507 Bedford Road Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

Manner of Death: Not Specified
Line 1: Adenocarcinoma Of Ovary With Abdominal Carcinomatosis
Line 2:
Line 3:
Line 4:
Other Conditions: Diabetes Mellitus - Insulin Dependent
Injury Date:
Description of Injury:
Occupation: Processing Dept.
Industry: Kellogg Cereal Co.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Pauline Margaret Seburg Sex: Female
Date of Death: 10/04/993 Date of Birth: 07/16/907 Age: 86
Fathers Last Name: Pierce

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

If Hospital: Inpatient SSN: 384-09-9121

Residence
County: Barry
City: Barry Twp Address: 5369 Orchard Rd.
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: German Race: White
Education: 11

Underlying Cause of Death:

4402

Related Cause of Death (*)

11586
214409
617854

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 61977

(*) 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: 041589

Patient Information

Decedents Name: Charles L. Secord
Sex: Male
Date of Death: 06/23/997
Date of Birth: 08/08/921
Spouses Name: Juanita Kelderhouse
SSN: 366-18-5472
Fathers Name: Charles L. Secord Sr.
Mothers Name: Julia Swarthout
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: 11
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: 5718 Long Lake Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49050

Manner of Death

Manner: Not Specified
Line 1: Ventricular Fibrillation
Line 2: Abdominal Aortic Aneurysm Resection
Line 3: Peripheral Vascular Disease
Line 4: Chronic Obstructive Pulmonary Artery Disease

Other Conditions: Coronary Artery Disease
Injury Date:
Injury Description:
Occupation: Form Maker
Industry: Manufacturing

11/27/95

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

State: Michigan

File Number: 016257

Decedents Name: Myrtle C. Secord
Sex: Female
Date of Death: 02/27/995
Date of Birth: 09/12/928
Spouses Name: Lawrence R. Secord
SSN: 374-28-4411
Fathers Name: Clifford Davis
Mothers Name: Jennie Converse
Place of Birth: Michigan
Hospital: Blodgett Mem Med Cen
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
If Hospital: Inpatient

Residence

Address: 9425 Adams Rd. Thornapple
County: Barry
City: Thornapple Twp
Zip Code: 49333

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

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Charles Raymond Seegar Sex: Male
Date of Death: 11/01/994 Date of Birth: 04/18/915
Fathers Name: William Seegar
Mothers Name: Racheal Unknown
Spouses Name: Onie Willie

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

If Hospital: Inpatient SSN: 366-09-8783

Residence
County: Barry
City: Castleton Twp Address: 1035 Valentine
Zip Code: 49058

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

Underlying Cause of Death:

1991

Related Cause of Death (*)

111991
215768

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 069723

(*) 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: 041143

Decedents Name: Edwin Albert Seibert
Sex: Male
Date of Death: 06/29/996
Date of Birth: 07/28/910
Spouses Name:
SSN: 377-03-8106
Fathers Name: Clarence Seibert
Mothers Name: Gertrude Miller
Place of Birth: Michigan
Ancestry: German
Armed Forces: Yes
Race: White
Education: High School
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: 12091 England Dr. Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49344

Manner of Death: Not Specified
Line 1: Respiratory Failure
Line 2: Chronic Obstructive Pulmonary Disease
Line 3: Congestive Heart Failure
Line 4: Acute + Chronic Renal Failure
Other Conditions: Cerebral Vascular Accident - Ischemic
Injury Date:
Description of Injury:
Occupation: Sales Representative
Industry: Auto Dealership

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: BENJAMIN K. C. SELLECK-WALKOWS Sex: Male
Date of Death: 07/03/993 Date of Birth: 07/02/993 Age: 03
Fathers Last Name: Walkowski

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

If Hospital: Inpatient SSN: - -

Residence
County: Barry
City: Thornapple Twp Address: 10590 Parmelee Rd.
Zip Code: 49333

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

Underlying Cause of Death:

7483

Related Cause of Death (*)

117483
617651
62769

Autopsy: Yes Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 42936

(*) 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

05/13/98

DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 081041

Patient Information

Decedents Name: Margarita E. Serna
Sex: Female
Date of Death: 12/29/997
Date of Birth: 08/06/917
Spouses Name: Jose G. Serna
SSN:
Fathers Name: Andres Escalon
Mothers Name: Concepcion Gonzales
Place of Birth: Texas
Ancestry: Mexican
Armed Forces: No
Race: White
Education: Unknown
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: 12325 9 Mile Road Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death

Manner: Not Specified
Line 1: Arteriosclerotic Cardiovascular Disease
Line 2: Diabetes Mellitus And Hypertension
Line 3:
Line 4:

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

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 061800

Decedents Name: Bertha J. Shafer
Sex: Female
Date of Death: 10/29/995
Date of Birth: 05/22/926
Spouses Name:
SSN: 373-20-8106
Fathers Name: Kenneth Rogers
Mothers Name: Sarah Henrixson
Place of Birth: Michigan
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: High School
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: 1671 Bristol Road Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49050

Manner of Death: Not Specified
Line 1: Congestive Heart Failure
Line 2: Arteriosclerotic Heart Disease
Line 3:
Line 4:
Other Conditions: Severe Copd; Myocardial Infarction, Abdominal Cyst
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: Own Home

05/13/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 076047

Patient Information

Decedents Name: George Henry Shanahan
Sex: Male
Date of Death: 11/25/997
Date of Birth: 05/26/924
Spouses Name:
SSN: 372-20-2832
Fathers Name: Floyd O' Berry
Mothers Name: Ethel M. Warren
Place of Birth: Michigan
Ancestry: Irish
Armed Forces: Yes
Race: White
Education: 09
Marital Status: Divorced

Place of Death

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

Residence

Address: 6427 Osborne Road Delton
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Lung Cancer
Line 2:
Line 3:
Line 4:

Other Conditions: Coronary Artery Disease
Injury Date:
Injury Description:
Occupation: Assembly Worker
Industry: Auto Industry

11/29/95

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

State: Michigan

File Number: 028066

Decedents Name: Dolores E. Shedd
Sex: Female
Date of Death: 05/26/995
Date of Birth: 11/04/917
Spouses Name:
SSN: 373-28-4119
Fathers Name: Charles London
Mothers Name: Minna Peters
Place of Birth: Michigan
Hospital: Battle Creek Health Systems
Ancestry: German
Armed Forces: No
Race: White
Education: 11
Marital Status: Widow, Widower

Place of Death

City: Battle Creek
County: Calhoun
If Hospital: Inpatient

Residence

Address: 14835 Hutchinson Road
County: Barry
City: Johnstown Twp
Zip Code: 49017

Manner of Death: Not Specified
Line 1: Adenocarcinoma Of The Lung
Line 2:
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: Steven Sr. Allen Sheldon Sex: Male
Date of Death: 01/29/994 Date of Birth: 06/03/951 Age: 42
Fathers Last Name: Sheldon

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

If Hospital: Inpatient SSN: 367-56-1488

Residence
County: Barry
City: Orangeville Twp Address: 6843 Dennison Rd.
Zip Code: 49080

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

Underlying Cause of Death:

4148

Related Cause of Death (*)

114275
214151
314148
617860

Autopsy: Yes Findings Available: Yes Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 9942

(*) 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: Marguerite H. Sheler Sex: Female
Date of Death: 07/05/993 Date of Birth: 12/25/905 Age: 87
Fathers Last Name: Scott

Place of Death
Hospital: Unknown
City: Maple Valley Twp County: Montcalm

If Hospital: SSN: 377-26-9945

Residence
County: Barry
City: Castleton Twp Address: 2735 W. State Rd.
Zip Code: 49058

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

Underlying Cause of Death:

4140

Related Cause of Death (*)

114140
614293

Autopsy: Yes Findings Available: Yes Actual Place: Home

Medical Examiner Case: No Mode of Death: Natural

Work Injury: Location:

State File Number: 44055

(*) 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: WILLIAM JOHN SHERIDAN Sex: Male
Date of Death: 05/21/993 Date of Birth: 09/23/923 Age: 69
Fathers Last Name: SHERIDAN

Place of Death
Hospital: Blodgett Memorial Medical Center
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 383-14-5737

Residence
County: Barry
City: Hastings Twp Address: 2222 ROBINWOOD DR.
Zip Code: 49058

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

Underlying Cause of Death:

1541

Related Cause of Death (*)

111541

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 29953

(*) 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: Laura B. Sherk Sex: Female
Date of Death: 02/07/994 Date of Birth: 02/10/905 Age: 88
Fathers Last Name: Schleh

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

If Hospital: Inpatient SSN: 378-22-0386

Residence
County: Barry
City: Yankee Springs Twp Address: 705 S. Briggs Road
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:

4140

Related Cause of Death (*)

117855
214140

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 9950

(*) 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: Jeanette De Roo Sherman Sex: Female
Date of Death: 08/23/994 Date of Birth: 03/04/909 Age: 85
Fathers Last Name: DeRoo

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

If Hospital: Inpatient SSN: 367-22-3394

Residence
County: Barry
City: Thornapple Twp Address: 7858 Moe Road
Zip Code: 49333

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

Underlying Cause of Death:

410

Related Cause of Death (*)

11410

Autopsy: No Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 49874

(*) 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: Fred nmn Sherriff Sex: Male
Date of Death: 02/21/994 Date of Birth: 02/13/912 Age: 82
Fathers Last Name: Sherriff

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

If Hospital: Inpatient SSN: 081-07-5604

Residence
County: Barry
City: Barry Twp Address: 11709 E. Baseline Road
Zip Code: 49060

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Widow, Widower
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 5 years of college

Underlying Cause of Death:

4254

Related Cause of Death (*)

114279
214254

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 8527

(*) 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: 047880

Decedents Name: Marjorie Ann Shoemaker
Sex: Female
Date of Death: 08/28/996
Date of Birth: 07/02/927
Spouses Name: James Shoemaker
SSN: 368-26-4823
Fathers Name: Conrad Haveman
Mothers Name: Anna Buist
Place of Birth: Michigan
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: 1 year College
Marital Status: Married

Place of Death
City: Allegan
County: Allegan

Hospital or Other Place of Death
Allegan General Hospital
Patient Status: Inpatient

Residence
Address: 5289 Marsh Road Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death: Not Specified
Line 1: Asystole
Line 2: Congestive Heart Failure
Line 3: Cardiomyopathy
Line 4: Coronary Artery Disease
Other Conditions: Hyperkalemia, Dehydration, Adriamycin Cardiotoxicity, Breast Cancer, Cva
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: Own Home