

Hazel P. Adams Death Certificate

LF _____		STATE OF MICHIGAN DEPARTMENT OF PUBLIC HEALTH		0 0 3 9 8 2 2
CF 1728		CERTIFICATE OF DEATH		STATE FILE NUMBER
236				
1. DECEDENT NAME FIRST Hasal MIDDLE P. LAST Adams		2. Female	3. DATE OF DEATH (Mo., Day, Yr.) JULY 27, 1981	
4. RACE - (a) White, Black, American Indian, etc. (Specify) White	5a. AGE - Last Birthday (Yrs.) 92	UNDER 1 YEAR 5b. MOS. 5c. DAYS 5d. HOURS 5e. MINS.	6. DATE OF BIRTH (Mo., Day, Yr.) Oct. 13, 1888	7a. Kent
8. LOCATION OF DEATH (Check one and specify) <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF: Grand Rapids <input type="checkbox"/> INSIDE VILLAGE LIMITS OF: <input type="checkbox"/> TWP. OF:		9. HOSPITAL OR OTHER INSTITUTION - (Name if not in either, give street and number) M.J. Clark Memorial Home 1546 Sherman SE		
10. STATE OF BIRTH (if not in U.S.A. name country) Michigan	11. CITIZEN OF WHAT COUNTRY U.S.A.	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	13. SURVIVING SPOUSE (if wife, give maiden name) 14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO	
15. SOCIAL SECURITY NUMBER 371-46-0011	16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		17. KIND OF BUSINESS OR INDUSTRY Own home	
18. CURRENT RESIDENCE - STATE Michigan	19. COUNTY Kent	20. LOCALITY (Check one and specify) <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF Grand Rapids <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP. OF:	21. STREET AND NUMBER 1546 Sherman SE	
22. FATHER - NAME FIRST MIDDLE LAST Phillip A. Paine		23. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Frances Croft		
24. INFORMANT Mrs. Elizabeth Baker		25. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 3520 Burton Ridge SE, Grand Rapids, Michigan 49506		
26. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
(a) GENERALIZED ARTERIOSCLEROSIS		Internal between onset and death 4 YEARS		
(b) DUE TO, OR AS A CONSEQUENCE OF:		Internal between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:		Internal between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I				
27. PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance, etc.) (Specify) CLARK MEM. HOME		28. IF HOSP. OR INST., Indicate DOA, Office, Rm., Inpatient (Specify) INPATIENT	29. AUTOPSY (Specify Yes or No) NO	
30. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) NO		31. This case reviewed and determined not to be a medical examiner's case. 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.		
CERTIFYING PHYSICIAN	33. To the best of my knowledge and belief, I have stated the cause(s) stated. (Signature and Title) William P. Dixon, M.D.		34. (Signature and Title) _____	
	35. DATE SIGNED (Mo., Day, Yr.) 7/27-1981	36. HOUR OF DEATH 1:07 P M	37. DATE SIGNED (Mo., Day, Yr.)	38. HOUR OF DEATH
	39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William P. Dixon		40. PRONOUNCED DEAD (Mo., Day, Yr.)	41. PRONOUNCED DEAD (Hour)
	42. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print) WILLIS L. DIXON, M.D. - 528 MEDICAL ARTS BLDG - GRAND RAPIDS - MI - 49503		43. ON	44. AT
45. ACC. SUICIDE, HF M., NATURAL OR PENDING INVT. J. (Specify) NO	46. DATE OF INJURY (Mo., Day, Yr.)	47. HOL 1 OF INJURY	48. DESCRIBE HOW INJURY OCCURRED	
49. INJURY AT WORK (Specify Yes or No) NO	50. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	51. LOCATION STREET OR R.F.D. NO. CITY, VILLAGE, OR TOWNSHIP STATE		
52. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		53. CEMETERY OR CREMATORY - NAME Deerpole Memorial Park	54. LOCATION CITY, VILLAGE, OR TOWNSHIP STATE Lansing, Michigan MI.	
55. DATE (Mo., Day, Yr.) July 29, 1981	56. NAME OF FACILITY Hollebeck-Oels-VanZee, Inc. 1330 Plainfield NE, Grand Rapids,		57. ADDRESS OF FACILITY	
58. FUNERAL SERVICE LICENSE (Signature) VanZee	59. REG. NO. (Specify) Marion J. VanZee	60. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 29, 1981		61. Yr.