

T-253 **DEATH CERTIFICATE** **Michigan Department of Public Health** **56126**

LOCAL FILE NUMBER STATE FILE NUMBER

1 DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH—MONTH, DAY, YEAR
Paul A. Wells		Male	October 1, 1977
2 RACE—WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	3 AGE—LAST BIRTHDAY (YEARS)	4 UNDER 1 YEAR MONTHS DAYS	5 UNDER 1 DAY HOURS MIN.
White	80		
6 CITY, VILLAGE, OR TOWNSHIP OF DEATH	7a INSIDE CITY LIMITS (SPECIFY YES OR NO)	7b HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
Essexville		Bay Medical Care Facility	
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11 SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)
Michigan	U.S.A.	Married	Mae Wright
12 SOCIAL SECURITY NUMBER	13a USUAL OCCUPATION (GIVE KIND OF WORKING LIFE, EVEN IF RETIRED)	13b KIND OF BUSINESS OR INDUSTRY	
377-05-0629	laborer	Crysler Corp.	
14a RESIDENCE—STATE	14b COUNTY	14c CITY, VILLAGE OR TOWNSHIP	14d INSIDE CITY LIMITS (SPECIFY YES OR NO)
Michigan	Arenac	Alger	No
15 FATHER—NAME FIRST MIDDLE LAST		16 MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
Edwin Wells		Pearl Engle	
17a INFORMANT—NAME		17b MAILING ADDRESS STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
Mrs. Mae Wells		1045 Beaver box 56 Alger, Mich. 48610	
PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18 IMMEDIATE CAUSE (a) Congestive Heart Failure			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH (STATE THE UNDERLYING CAUSE LAST)			(b) Arteriosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF
PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I)			(c)
Diabetes Mellitus			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b NO
20a ACCIDENT, SUICIDE, HOMICIDE (SPECIFY)	20b DATE OF INJURY (MONTH, DAY, YEAR)	20c HOUR	20d HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
21a INJURY AT WORK (SPECIFY YES OR NO)	21b PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	21c LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
22a CERTIFICATION—PHYSICIAN (NAME AND LAST SAW HIM/HER ALIVE ON DECEASED FROM)	22b MONTH DAY YEAR	22c TO MONTH DAY YEAR	22d AND LAST SAW HIM/HER ALIVE ON DECEASED FROM (NAME AND LAST SAW HIM/HER ALIVE ON DECEASED FROM)
	9/29/77	10/1/77	09/30/77
23a CERTIFICATION—MEDICAL EXAMINER OR CORONER (NAME AND LAST SAW HIM/HER ALIVE ON DECEASED FROM)		23b HOUR OF DEATH	23c THE DECEASED WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR)
24a CERTIFIER—NAME (TYPE OR PRINT)		24b SIGNATURE	24c DATE SIGNED (MONTH, DAY, YEAR)
A. M. Armaly, D.O.			10/4/77
25 MAILING ADDRESS—CITY, VILLAGE, OR TOWNSHIP, STATE, ZIP			
Bay Medical Care Facility, 564 W. Hampton Road, Essexville, Michigan 48732			
26a BURIAL, CREMATION, REMOVAL (SPECIFY)	26b CEMETERY OR CREMATORY—NAME		26c LOCATION (CITY, VILLAGE, TW, OR COUNTY STATE)
Burial	Alger Cemetery		Alger, Michigan
27a DATE (MONTH, DAY, YEAR)	27b FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
10/4/1977	R.O. Savage Funeral Chapel, Standish, Michigan 48658		
28a FUNERAL DIRECTOR—SIGNATURE	28b REGISTRAR—SIGNATURE		28c DATE RECEIVED BY LOCAL REGISTRAR
Richard E. Weiskuhn	Steven Lach		10-6-77