



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
0900132

LF _____
CF **0059**

TYPE/PRINT
IN
PERMANENT
BLACK INK

NAME OF DECEDENT
FOR USE BY PHYSICIAN OR INSTITUTION

1 DECEDENT'S NAME (First Middle Last) PAULINE JULIA HAYNES				2 SEX Female	3 DATE OF DEATH (Month Day Year) January 10, 1998
4a AGE - Last Birthday (Years) 81	4b UNDER 1 YEAR MONTHS _____ DAYS _____	4c UNDER 1 DAY HOURS _____ MINUTES _____	5 DATE OF BIRTH (Month Day Year) August 3, 1916		6 COUNTY OF DEATH Ingham
7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) Sparrow Hospital			7b IF HOSP OR INST Inpatient Op / Emer Room DDA (Specify) Inpatient	7c CITY, VILLAGE, OR TOWNSHIP OF DEATH Lansing	
8 SOCIAL SECURITY NUMBER 578-20-0802		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) French Teacher		9b KIND OF BUSINESS OR INDUSTRY Education	
10a CURRENT RESIDENCE - STATE MI	10b COUNTY Ingham	10c LOCALITY (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP OF Meridian		10d STREET AND NUMBER 2821 E. Mt. Hope	
10e ZIP CODE 48864	11 BIRTHPLACE (City and State or Foreign Country) Madison County Iowa	12 MARITAL STATUS - Married Never Married Widowed Divorced (Specify) Widowed	13 SURVIVING SPOUSE (If wife give name before first married) None	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
15 ANCESTRY - Mexican Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro American Arab English, French, Finnish, etc (Specify below) Scottish		16 RACE - American Indian Black White etc If Asian give nationality i.e. Chinese Filipino Asian Indian etc (Specify below) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+	
18 FATHER'S NAME (First, Middle, Last) Charles William McBride			19 MOTHER'S NAME (First, Middle, Surname before first married) Ida Maude Clements		
20a INFORMANT'S NAME (Type/Print) Charles Haynes		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 2821 E. Mt. Hope, Okemos, MI 48864			
21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) Donation		22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Department of Anatomy		22b LOCATION - City or Village, State E. Lansing, MI	
23 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		24 LICENSE NUMBER (of Licensee) 5669	25 NAME AND ADDRESS OF FACILITY Michigan State University E. Lansing, MI 48824-1316		
26 PART I - Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (final disease or condition -> resulting in death) Cardio Pulmonary arrest DUE TO (OR AS A CONSEQUENCE OF) Pneumonia DUE TO (OR AS A CONSEQUENCE OF) Multiple myeloma DUE TO (OR AS A CONSEQUENCE OF)					Approximate Interval Between Onset and Death mins 10 days 5 years
PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Syncopal attack, 18 hr period unable to move					27a WAS AN AUTOPSY PERFORMED? (Yes or No) No
27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) No					
28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Hospital		29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) No		31a (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case <input checked="" type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated	
30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <i>[Signature]</i>		30b DATE SIGNED (Mo Day Yr) 1/12/98		30c TIME OF DEATH 6:00 A.M.	
30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31b DATE SIGNED (Mo Day Yr)		31c CASE NUMBER	
32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) John Penner, M.D., B210 Clinical Center, MSU, E. Lansing, MI 48824		32b LICENSE NUMBER 4301021298		31d PRONOUNCED DEAD (Mo Day Yr) ON	
33a ACC SUICIDE HOM NATURAL OR PENDING INVEST (Specify) Natural		33b DATE OF INJURY (Mo Day Yr)	33c TIME OF INJURY M	33d DESCRIBE HOW INJURY OCCURRED	
33e INJURY AT WORK (Specify Yes or No)		33f INJURY AT HOME (Specify Yes or No) At home farm street factory office building etc (Specify)		33g LOCATION - Street or RFD No City Village or Twp State	
34a REGISTRAR'S SIGNATURE <i>[Signature]</i>			34b DATE FILED (Mo Day Year) January 13, 1998		

CERTIFIER

MEDICAL EXAMINER

MEDICAL EXAMINER

B 36
Rev. 1/90

REC \$ 5.00
AUD \$ _____
R.M.F. \$ 5.00
JAN 15 1998
CERTIFIED BY COMPUTER ✓
[Signature] RECORDED ✓
COMPARED ✓

FILED NO. **3300**
BOOK **44** PAGE **857**
98 HAR -3 PM 3:41
MICHELLE UTSLER
RECORDER
MADISON COUNTY, IOWA