

THE DIVISION OF HEALTH OF THE STATE OF MICHIGAN
STANDARD CERTIFICATE OF DEATH

State File No. **23929**

FILED JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 961

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Way</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mich</u> b. COUNTY <u>Wayne</u>		
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Expulsion Springs</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Detroit</u>		8210
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Expulsion Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>567 Engle</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harlen</u> b. (Middle) <u>Everett</u> c. (Last) <u>Ralston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-29-52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Sept 27-1901</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Albert Ralston</u>		13b. MOTHER'S MAIDEN NAME <u>Violet Ball</u>		14. NAME OF HUSBAND OR WIFE <u>May Ralston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>373-03-9345</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amy Sidlowki</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Diabetes Mellitus</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Glomerular nephritis (acute)</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the deceased from <u>6-29-1952</u> , to <u>6-29-1952</u> , that I last saw the deceased alive on <u>6-29-1952</u> , and that death occurred at <u>3 p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Barlow Dawson MD</u>			23b. ADDRESS <u>Expulsion Springs Mo.</u>		23c. DATE SIGNED <u>6-29-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Detroit Mich</u>		
DATE REC'D BY LOCAL REG. <u>7/20/52</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clarence Richard, Expulsion Springs, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

AUG 11 1952

AUG 25 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. 459

working under my personal supervision.

Student John S. Evans
Student Embalmer

Signed Lincoln K. Jarman

Licensed Embalmer No. 4589

P. O. Address Evansville Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.