11/84

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES – VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

Registration District No. 85776 Local File No. _____

Type or print permanently with ink

DECEDENT

1. Name of Deceased: George Frederick Schwartz
2. Sex: Male
3. Date of Death: September 27, 1984
4. Color or Race: White
5. State of Birth (If not U.S.A., give Country): Michigan
6. County of Birth: Wayne
7. Date of Birth: Feb. 4, 1911
8. Age: 73
9. Place of Death: County: Transylvania
10. City or Town: Brevard
11. Name of Hospital or Institution (If not in either, give street and number): Transylvania Community
12. If Dead on Arrival, Inpat
13. Outside City Limits: Yes
14. Residence: State: NC
15. County: Transylvania
16. City or Town: Pisgah Forest
17. Street and Number or R.F.D. No.: 2 B-7 Glen Cannon Pt.
18. Inside City Limits: No
19. Citizen of What Country: United States
20. Married, Never Married, Widowed, Divorced (Specify): Married
21. Surviving Spouse (If wife, give maiden name): Iris M. Schacht
22. Social Security Number: 374-09-1480
23. Usual Occupation: Cost Analyst
24. Kind of Business or Industry: Accounting
25. Was Deceased Ever in U.S. Armed Forces? No

PARENTS

26. Father's Name: Theodore Schwartz
27. Mother's Maiden Name: Anna George

28. Informant's Name and Address: Iris M. Schwartz, 2 B-7 Glen Cannon Point, Pisgah Forest
29. Relation to Deceased: Wife

CAUSES

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.

(a) Immediate Cause: Cardiac and Respiratory Arrest
(b) Due to, or as a consequence of: Mesothelioma
(c) Due to, or as a consequence of:

PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a).

30a.
30b. Autopsy? (Yes or No): No
30c. If yes, were findings considered in determining cause of death: N/A
31. Was case referred to Medical Examiner? (Yes or No): No
32. Time of Death: 9:24 p.m.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER OR A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

PHYSICIAN

33a. Name and Title of Certifier (Type or Print): Nettie White
33b. Address: TCH Brevard, NC
33c. Signature of Certifier: Nettie White
33d. Date Signed: 10/2/84

Sign with permanent black ink.

BURIAL

34a. Burial, Cremation, Other (Specify): Cremation
34b. Date: 9-28-84
34c. Name of Cemetery or Crematory: Shepherd Crematory
34d. Location (City, Town or County, State): Hendersonville NC

FUNERAL DIRECTOR

35. Funeral Home Name and Address: Moore Funeral Home, Brevard, NC
36. Signature of Funeral Director: John T. Montieth
37. License No.: 452
37a. Date Rec'd by Local Reg.: 10/4/84
37b. Signature of Registrar: Fred Israel Jr.
38. Signature of Embalmer (If embalmed): NOT EMBALMED
39. License No.: —

DHS 1472
FORM 5
REV. 7/79

I certify that this is a true photocopy of the information recorded on the death certificate on file in this office for the individual name hereon.

Volume — Page —

Date issued 10-5-84

FRED H. ISRAEL
REGISTER OF DEEDS, Transylvania County
Register of Deeds or
Deputy, Register of Deeds

DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

OF

0376231 B

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT NAME: Donald F. Lowe
2. SEX: Male
3. DATE OF DEATH (Mo. Day. Yr.): Oct 21, 1984
4. RACE: White
5a. AGE (Yrs.): 67
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Minutes)
6. DATE OF BIRTH (Mo. Day. Yr.): Oct 23, 1916
7. COUNTY OF DEATH: Oakland
7a. LOCATION OF DEATH (Check one and specify): [X] INSIDE CITY LIMITS OF [ ] INSIDE VILLAGE LIMITS OF [ ] TWP OF: Southfield 48076
7b. HOSPITAL OR OTHER INSTITUTION: 27418 Spring Arbor Drive
8. STATE OF BIRTH: Michigan
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SURVIVING SPOUSE (If wife, give maiden name): Irene Romanski
12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: YES
13. SOCIAL SECURITY NUMBER: 373-01-1259
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Design Engineer
14b. KIND OF BUSINESS OR INDUSTRY: Ford
15a. CURRENT RESIDENCE - STATE: Michigan
15b. COUNTY: Oakland
15c. LOCALITY (Check one and specify): [X] INSIDE CITY LIMITS OF [ ] INSIDE VILLAGE LIMITS OF [ ] TWP OF: Southfield 48076
15d. STREET AND NUMBER: 27418 Spring Arbo Dr.

PARENTS

16. FATHER - NAME: Harry E. Lowe
17. MOTHER - MAIDEN NAME: Annie Ford

INFORMANT

18a. (Signature): Irene F. Lowe
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 27418 Spring Arbor Dr. Southfield, Mich. 48076

CAUSE OF DEATH

19. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Mesothelioma — Interval between onset and death: 1 yr. 2½ wks.
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I

20. AUTOPSY (Specify Yes or No): NO
21. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): NO

CERTIFIER

22a. PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance, etc.) (Specify): Home
22b. IF HOSP. OR INST., indicate DOA, OP, Emer. Rm., Inpatient (Specify):

CERTIFYING PHYSICIAN

23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Kurt H. Neumann MD
23b. DATE SIGNED (Mo. Day. Yr.): October 23, 1984
23c. HOUR OF DEATH: 1:50 P M
23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Freeman M. Wilner, M.D.

MEDICAL EXAMINER

24a. [ ] Case reviewed and determined not to be a medical examiner's case. [ ] 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. (Signature and Title):
24b. DATE SIGNED (Mo. Day. Yr.):
24c. HOUR OF DEATH: M
24d. PRONOUNCED DEAD (Mo. Day. Yr.) ON:
24e. PRONOUNCED DEAD (Hour) AT: M

25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print): Kurt H. Neumann MD 1777 Big Beaver Road Troy, Michigan 48084

26a. ACC. SUICIDE, HOM. NATURAL OR PENDING INVEST. (Specify): Natural
26b. DATE OF INJURY (Mo. Day. Yr.):
26c. HOUR OF INJURY:
26d. DESCRIBE HOW INJURY OCCURRED:
26e. INJURY AT WORK (Specify Yes or No):
26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
26g. LOCATION - STREET OR R.F.D. NO., CITY, VILLAGE OR TOWNSHIP, STATE:

DISPOSITION

27a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
27b. CEMETERY OR CREMATORY - NAME: Roseland Park Cemetery
27c. LOCATION - CITY, VILLAGE OR TOWNSHIP, STATE: Berkley, Michigan
27d. DATE (Mo. Day. Yr.): Oct 24, 1984
28a. NAME OF FACILITY: Sawyer-Fuller Funeral Home
28b. ADDRESS OF FACILITY: 2125 W. 12 Mile Road Berkley, Michigan 48072
28c. FUNERAL SERVICE LICENSEE (Signature): William H. Fuller Jr.
29a. REGISTRAR (Signature): Frances M Collins
29b. DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.): October 25, 1984

8-36b (4/78)

CERTIFICATION OF DEATH

STATE OF MICHIGAN)
COUNTY OF OAKLAND) SS.

I, PATRICK FLANNERY, CITY CLERK FOR THE CITY OF SOUTHFIELD, MICHIGAN DO HEREBY CERTIFY THAT THE FOREGOING IS A COPY OF THE TRUE DEATH RECORD NOW ON FILE IN MY OFFICE.

JOHN HANCOCK

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 18
Primary Reg. Dist. No. 1129

12/84 ...
State File No. / Registrar's No. 2946 W

DECEDENT

- DECEDENT—NAME (First, Middle, Last): 1. MITCHELL S. OWCA
- SEX: 2. Male
- DATE OF DEATH (Mo., Day, Year): 3. October 25, 1984
- RACE: 4. White
- AGE—Last Birthday (Years): 5a. 64
- UNDER 1 YEAR (Mos., Days): 5b.
- UNDER 1 DAY (Hours, Mins.): 5c.
- DATE OF BIRTH (Mo., Day, Yr.): 6. Sept. 18, 1920
- COUNTY OF DEATH: 7a. Cuyahoga
- CITY, VILLAGE OR LOCATION OF DEATH: 7b. Middleburg Heights
- HOSPITAL OR OTHER INSTITUTION: 7c. Southwest General Hospital
- IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient: 7d. Inpatient
- STATE OF BIRTH (If not in U.S.A., name country): 8. Poland
- CITIZEN OF WHAT COUNTRY: 9. U.S.A.
- ORIGIN OR DESCENT: 10. Polish
- SOCIAL SECURITY NUMBER: 10. 283-28-4617
- WAS DECEASED EVER IN U.S. ARMED FORCES?: 11. No
- MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: 12a. Married
- SURVIVING SPOUSE (If wife, give maiden name): 12b. Cecylia Spiewanek
- USUAL OCCUPATION: 13a. Oiler
- KIND OF BUSINESS OR INDUSTRY: 13b. Ford Motor Company

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

- RESIDENCE—STATE: 14a. Ohio
- COUNTY: 14b. Cuyahoga
- CITY, VILLAGE OR LOCATION: 14c. Parma
- STREET AND NUMBER: 14d. 6440 Goebel Drive
- INSIDE CITY LIMITS: 14e. YES

PARENTS

- FATHER—NAME: 15. Jan Owca
- MOTHER—MAIDEN NAME: 16. Barbara Lata
- INFORMANT—NAME: 17a. Cecylia Owca
- MAILING ADDRESS: 17b. 6440 Goebel Drive Parma, Ohio 44134

CAUSE OF DEATH

PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

	Cause	Approximate interval between onset and death
IMMEDIATE CAUSE (a)	Mesothelioma	7months
DUE TO, OR AS A CONSEQUENCE OF (b)		
DUE TO, OR AS A CONSEQUENCE OF (c)		

Conditions, if any, which gave rise to immediate cause, stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS:

AUTOPSY (Yes or no) 19a.
WAS CASE REFERRED TO CORONER 19b.

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. 20a. | DATE OF INJURY 20b. | HOUR 20c. | HOW INJURY OCCURRED 20d.

INJURY AT WORK 20e. | PLACE OF INJURY 20f. | LOCATION 20g.

CERTIFIER

To be Completed by ATTENDING PHYSICIAN Only

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title) Vincent Anku M.D.
DATE SIGNED: 21b. October 25, 1984
HOUR OF DEATH: 21c. 7:23 a.m.

To be Completed by CORONER Only

22a. 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.
DATE SIGNED 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD 22d. ON PRONOUNCED DEAD 22e. AT

NAME AND ADDRESS OF CERTIFIER: 23. Vincent Anku, M.D. 7225 Old Oak Blvd. Middleburg Hts., OH 44130

DISPOSITION

- BURIAL, CREMATION, OTHER: 24a. Burial
- DATE: 24b. October 27, 1984
- NAME OF CEMETERY OR CREMATORY: 24c. Holy Cross Cemetery
- LOCATION: 24d. Brook Park, Ohio
- NAME OF EMBALMER: 25. Robert J. Inman — LIC. No. 5973A
- FUNERAL DIRECTOR'S SIGNATURE: 26. Marianne Golubski — LIC. No. 7229
- FUNERAL FIRM AND ADDRESS: 27. Golubski Funeral Home, Inc., 5986 Ridge Road Parma, Ohio 44129
- DATE REC'D BY LOCAL REG.: 28. NOV 1 1984
- REGISTRAR'S SIGNATURE: 29. E. A. Fern
- DATE PERMIT ISSUED: 30. 11-2-84
- SIGNATURE OF PERSON ISSUING PERMIT: 31. Joseph ... — DIST. No. 1807

1715

I HEREBY CERTIFY THAT THE ABOVE IS AN EXACT COPY OF THE RECORD WHICH IS ON FILE IN THE DEPARTMENT OF HEALTH, CLEVELAND, OHIO. WITNESS MY HAND AND SEAL AS LOCAL REGISTRAR OF VITAL STATISTICS.

E A Fern — NOV 2 1984
REGISTRAR

RECEIVED
K. CONWAY
NOV 13 1984
ANS'D ______
REF'D ______

11853

0536826

RECEIVED
K. CONWAY
STATE FILE NUMBER
04 30 1984
ANS'D

CERTIFICATE OF DEATH

1/85 entry date

DECEDENT

Field	Entry
1. Decedent Name (First, Middle, Last)	Alphonse T. Lobocki
2. Sex	Male
3. Date of Death	November 22, 1984
4. Race	WHITE
5a. Age	68
6. Date of Birth	OCT. 22, 1916
7a. County of Death	Wayne
7b. Location of Death	XX Inside city limits of Detroit, MI
7c.	14388 ABINGTON
8. State of Birth	MICHIGAN
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	MARRIED
11. Surviving Spouse	ELAINE CHRISTOPHERSEN
12. Was Decedent Ever in U.S. Armed Forces	YES
13. Social Security Number	372 01 3501
14a. Usual Occupation	STEAM ENGINEER
14b. Kind of Business or Industry	AUTOMOBILE INDUSTRY
15a. Current Residence State	MICHIGAN
15b. County	WAYNE
15c. Locality	X Inside city limits of DETROIT
15d. Street and Number	14388 ABINGTON

PARENTS

Field	Entry
16. Father - Name	THEOPHIL LOBOCKI
17. Mother - Maiden Name	VALERIA WROBLEWSKI
18a. Informant (Signature)	RALPH N. LOBOCKI
18b. Mailing Address	22290 LEEWRIGHT SOUTHFIELD, MICHIGAN 48034

CAUSE OF DEATH

19. PART I (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

	Immediate Cause	Interval between onset and death
(a)	mesothelioma	7 months
(b) DUE TO, OR AS A CONSEQUENCE OF		
(c) 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

20. Autopsy (Specify Yes or No): No
21. Was Case Referred to Medical Examiner? (Specify Yes or No): Yes

22a. Place of Death: residence
22b. If Hosp. or Inst.:

CERTIFIER

CERTIFYING PHYSICIAN

23a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title) Nalini Janakiraman M.D.
23b. Date Signed: November 26, 1984
23c. Hour of Death: 9:10 A. M
23d. Name of Attending Physician if Other Than Certifier:

MEDICAL EXAMINER

24a. M.E.O. Case # 8478-84
(Signature and Title) [signature]
24b. Date Signed:
24c. Hour of Death: M
24d. Pronounced Dead On:
24e. Pronounced Dead At: M

25. Name and Address of Certifier (Physician or Medical Examiner): Nalini Janakiraman, M.D., Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI

26a. Acc., Suicide, Hom., Natural or Pending Invest.: NATURAL
26b. Date of Injury:
26c. Hour of Injury:
26d. Describe How Injury Occurred:
26e. Injury at Work:
26f. Place of Injury:
26g. Location:

DISPOSITION

27a. Burial, Cremation, Removal, Other: BURIAL
27b. Cemetery or Crematory - Name: HOLY SEPULCHRE CEMETERY
27c. Location: SOUTHFIELD, MICHIGAN
27d. Date: NOV. 24, 1984
28a. Name of Facility: JARZEMBOWSKI FUNERAL HOMES, INC.
28b. Address of Facility: 18957 W. WARREN AVENUE DETROIT, MICHIGAN 48228
28c. Funeral Service Licensee (Signature): Thomas J. Jarzembowski
29a. Registrar (Signature): Edward A. Thomas
29b. Date Received by Registrar: NOV 27 1984

B-36a
6/82

THIS CERTIFIES THAT THE ABOVE IS A TRUE COPY OF FACTS RECORDED ON THE RECORD OF THE PERSON NAMED HEREON, AS FILED AT THE DETROIT DEPARTMENT OF HEALTH.

COLEMAN A. YOUNG, MAYOR
CITY OF DETROIT

NOV 27 1984
DATED

Edward A. Thomas
EDWARD A. THOMAS
REGISTRAR, VITAL RECORDS
DETROIT DEPARTMENT OF HEALTH

WITH IMPRESSED SEAL

on file in the Division of Vital Records.

Date Issued: JAN 28 1985

Edwin L. Saunders - Registrar

STATE REGISTRAR OF VITAL RECORDS

WARNING: It is illegal to duplicate this copy by photostat or photograph

3/85

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

FOR STATE REGISTRAR

REG NO

1. DECEASED NAME (First) Donald	(Middle) Joseph	(Last) MITCHELL	3a. DATE OF DEATH (Month, Day, Year) January 19, 1985		3b. HOUR 10:53a.m.
2. SEX Male	4. RACE White	5. DATE OF BIRTH (Month, Day, Year) June 24, 1914	6. AGE (If under 1 year or 1 day) 70 yrs	(If under 1 year, months)	(If under 1 day, hours) (If under 1 hour, minutes)
7a. BIRTHPLACE (State or foreign country) Pa.	8a. CITIZEN OF WHAT COUNTRY? USA	9. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	10. BALTIMORE CITY OR COUNTY OF DEATH Garrett		MO
11. CITY OR TOWN OF DEATH Oakland	12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (If not in such facility, give street address) Garrett Co. Memorial Hospital	13a. USUAL OCCUPATION (Type of work done during most of working life) Maintenance	13b. KIND OF BUSINESS OR INDUSTRY Auto		
14a. STATE Md.	14b. COUNTY Garrett	14c. CITY OR TOWN Friendsville	14d. INSIDE CITY LIMITS? YES ☐ NO ☒	14e. STREET ADDRESS / ZIP CODE Star Rt. Box 70-A 21531	
15. FATHER'S NAME (First) Edward	(Middle)	(Last) Mitchell	16. MOTHER'S MAIDEN NAME (First) Anna	(Middle)	(Last) Grimm
17a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, specify war or dates) Yes WW II	18. SOCIAL SECURITY NO 190-01-2856A	19. INFORMANT Mrs. Elizabeth Mitchell	ADDRESS same as 13		

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Mesothelioma — K. CONWAY
DUE TO, OR AS A CONSEQUENCE OF (b) — FEB 22 1985
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (c) — ANSD
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): Chronic obstructive pulmonary disease

21a. DATE OF OPERATION	21b. CONDITION FOR WHICH OPERATION WAS PERFORMED	22a. AUTOPSY? YES ☐ NO ☒	22b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
23a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If other than medical examiner)	23b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19	23c. HOW INJURY OCCURRED (Describe activity at time of injury in Part I or Part II)	
23d. INJURY OCCURRED at work ☐ not at work ☐	23e. PLACE OF INJURY (At home, street, factory, office, farm, etc.)	23f. LOCATION Street, City or Town, County, State	

24. I certify that (I) (the hospital) attended the deceased from 1/16 19 85 to 1/19 19 85 that (I) (we) last saw the deceased alive on 1/19 19 85 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death

25a. SIGNATURE M A Kaiser MD	DEGREE	ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☒	25b. DATE SIGNED 1/21/85
26. PHYSICIAN'S NAME (Type or print) M. A. KAISER	26a. ADDRESS Garrett Co Hospital		

27a. BURIAL, CREMATION, REMOVAL (Specify) Burial	27b. DATE 1/22/85	27c. NAME OF CEMETERY OR CREMATORY Garrett Co. Memorial	27d. LOCATION (City or Town, County, State) Oakland Garrett Md.	
28. FUNERAL DIRECTOR (Name) Durst Funeral Home	(Address) Oakland, Md. 21550	29a. DATE REC'D BY REGISTRAR	29b. REGISTRAR'S SIGNATURE	

Grace Hawley

Expiry Date 11/21/85

LF 306

CF

0728716

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

RECEIVED
STATE FILE NUMBER
K. CONWAY
JUN 10 1985

DECEDENT

1 DECEDENT NAME: Edwin T. Campbell
2 SEX: Male
3 DATE OF DEATH (Mo. Day. Yr.): May 24, 1985
4 RACE: WHITE
5a AGE (Last Birthday): 72
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MINS
6 DATE OF BIRTH (Mo. Day. Yr.): FEB. 04, 1913
7a COUNTY OF DEATH: OAKLAND
7b LOCATION OF DEATH (Check one and specify): (X) inside city limits of FARMINGTON HILLS; ( ) inside village limits of; ( ) Twp. of
7c HOSPITAL OR OTHER INSTITUTION: 23570 GLEN CREEK DR.
8 STATE OF BIRTH: CALIFORNIA
9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED (Married, never married, widowed, divorced)
11 SURVIVING SPOUSE (If wife, give maiden name): MARGARET WHIFFEN
12 WAS DECEDENT EVER IN U.S. ARMED FORCES?: NO
13 SOCIAL SECURITY NUMBER: 359-10-0506
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER
14b KIND OF BUSINESS OR INDUSTRY: AUTO INDUSTRY
15a CURRENT RESIDENCE - STATE: MICH
15b COUNTY: OAKLAND
15c LOCALITY (Check one and specify): (X) inside city limits of FARMINGTON HILLS; ( ) inside village limits of; ( ) Twp. of
15d STREET AND NUMBER: 23570 GLEN CREEK DR.

PARENTS

16 FATHER - NAME (First Middle Last): CHARLES CAMPBELL
17 MOTHER - MAIDEN NAME (First Middle Last): ANNA TRENNER
18a INFORMANT (Signature): MARGARET CAMPBELL
18b MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip): 23570 GLEN CREEK DR. FARMINGTON HILLS, MI. 48024

CAUSE OF DEATH

19 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Respiratory Failure — Interval between onset and death: days.
DUE TO, OR AS A CONSEQUENCE OF
(b) Progressive Mesothelioma — Interval between onset and death: 2 yrs.
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I:
20 AUTOPSY (Specify Yes or No): NO
21 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): NO

CERTIFIER

22a PLACE OF DEATH (Home, Nursing home, Hospital, Other (Specify)): Home
22b IF HOSP. OR INST., Indicate DOA or Emergency Room Death (Specify)
23a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): K Bergsman MD
23b DATE SIGNED (Mo. Day. Yr.): May 24, 1985
23c HOUR OF DEATH: 4:00 A M
23d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
24a MEDICAL EXAMINER: ( ) This case reviewed and determined not to be a medical examiner's case. ( ) 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. (Signature and Title):
24b DATE SIGNED (Mo. Day. Yr.):
24c HOUR OF DEATH: M
24d PRONOUNCED DEAD (Mo. Day. Yr.) ON:
24e PRONOUNCED DEAD (Hour) AT: M
25 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print): Kenneth L. Fergsman, M.D. 18700 Meyers Road Detroit, MI 48235

26a ACCIDENT, HOMICIDE, SUICIDE, NATURAL OR PENDING INVEST. (Specify): Natural
26b DATE OF INJURY (Mo. Day. Yr.):
26c HOUR OF INJURY:
26d DESCRIBE HOW INJURY OCCURRED:
26e INJURY AT WORK (Specify Yes or No):
26f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
26g LOCATION - Street or R.F.D. No. City, Village or Township State:

DISPOSITION

27a BURIAL, CREMATION, REMOVAL, OTHER (Specify): BURIAL
27b CEMETERY OR CREMATORY - NAME: OAKLAND HILLS CEMETERY
27c LOCATION - City, Village or Township State: NOVI, MICHIGAN
27d DATE (Mo. Day. Yr.): MAY 28, 1985
28a NAME OF FACILITY: RG&GR HARRIS FUNERAL HOME
28b ADDRESS OF FACILITY: 15451 FARMINGTON RD. LIVONIA
28c FUNERAL SERVICE LICENSEE (Signature): James Ra
29a REGISTRAR (Signature): Sue Rose
29b DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.): May 24, 1985

B-36a
S/83

STATE OF MICHIGAN)
COUNTY OF OAKLAND) SS

I, JOAN REYNOLDS, CITY CLERK FOR THE CITY OF FARMINGTON HILLS, MICHIGAN DO HEREBY CERTIFY THAT THE FOREGOING IS A COPY OF THE TRUE DEATH RECORD NOW ON FILE IN MY OFFICE.