

CERTIFICATE OF DEATH

Michigan Department of Public Health

LIBER 418 PAGE 536

LOCAL FILE NUMBER		DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
		1. Elmer		F.	Nestell	Male		June 18, 1976			
DECEASED	RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH			
	White	52				Feb. 2, 1924		Gladwin			
CITY, VILLAGE, OR TOWNSHIP OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
7b. Grim Twp.			7c. no		7d. Section 16, Grim Twp. Gladwin Co.						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
8. Michigan		9. USA		10. Married		11. Florentine Gwizdala					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY						
12. [REDACTED]		13a. Owner-Operator			13b. Retail Drug Store						
RESIDENCE—STATE		COUNTY		CITY, VILLAGE OR TOWNSHIP		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER			
14a. Michigan		14b. Saginaw		14c. Bridgeport Twp.		14d. no		14e. 4584 Washington Rd.			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST		
15. Elmer		F.	Nestell		16. Clara				Haines		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
17a. Florentine Nestell				17b. 4584 Washington Rd., Saginaw, Mich. 48601							
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
18. IMMEDIATE CAUSE		(a) FRAGILE SKULL FRACTURE SKULL FRACTURE & Multiple injuries Airplane crash						Interval			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (b), STATING THE UNDERLYING CAUSE LAST		(b) Multiple injuries Airplane crash									
(c)											
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
							19a. no	19b.			
ACCIDENT, SUICIDE, HOMICIDE, (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)					
20a. Accident		20b. June 18, 1976		20c. 11:30 P.M.		20d. Airplane Crash					
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)			LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)						
20e. no		20f. Tittabawassee State Forest			20g. Section 16, Grim Twp., Gladwin Co.						
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M. TO THE CAUSE(S) STATED.	
21a. DECEASED FROM		21b. TO		21c.		21d.		21e.		21f. M. TO THE CAUSE(S) STATED.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)			
22a.				11:30 P.M.		22b. Oct. 9 1976		5:20 P.M.			
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)			
23a. Dr. J. Sullivan DO; Med. Examiner				23b. [Signature]		23c. Med. Ex.		23d. Oct. 12, 1976			
MAILING ADDRESS—CERTIFIER				CITY OR TOWN		STATE		ZIP			
23e. 1348 N. M-18				23f. Gladwin		23g. Mich.		23h. 48624			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION CITY, VILLAGE, TWP. OR COUNTY STATE						
24a. Burial		24b. Owens Twp. Cemetery			24c. Thomas Twp., Saginaw Mich.						
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
24d. Oct. 13, 1976		24e. Cederberg Funeral Home, 403 N. Michigan, Saginaw, Mich. 48602									
FUNERAL DIRECTOR—SIGNATURE				REGISTRAR—SIGNATURE				DATE RECEIVED BY LOCAL REGISTRAR			
25a. Richard G. Matheas				25b. William H. Bell				25c. Oct 13, 1976			

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

PARENTS

CAUSE

CERTIFIER

BURIAL

B-36
8-68
300M

I hereby certify that the annexed is a true and compared copy of an original record now on file in the office of the County Clerk.

William H. Bell
County Clerk

Date 10-13-76



Carl Waldron
REGISTER OF DEEDS

83 NOV 14 P 4:39

STATE OF MICHIGAN
COUNTY OF MEGUSTA
RECEIVED FOR RECORD