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STATE OF MICHIGAN  
DEPARTMENT OF PUBLIC HEALTH

## CERTIFICATE OF DEATH

Vol. 1887

STATE FILE NUMBER

3724

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DECEDENT NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)		
1. Reino		U.	Eko	Male	3. NOV. 3, 1986			
RACE (e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH		
4. White		5a. 72	5b. MOS. DAYS	5c. HOURS MINS.	August 17, 1914	7a. Houghton		
LOCATION OF DEATH (Check one and specify)		HOSPITAL OR OTHER INSTITUTION—Name (If not in either give street and number)						
<input type="checkbox"/> INSIDE CITY LIMITS OF		7c. Calumet Public Hospital						
<input checked="" type="checkbox"/> INSIDE VILLAGE LIMITS OF		7d. Laurium						
<input type="checkbox"/> TWP. OF								
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)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		
8. Michigan		9. U.S.A.	10. Married	11. Martha Besonen		12. YES		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY				
13. 364-09-2597		14a. Electrician		14b. Construction				
CURRENT RESIDENCE—STATE		COUNTY	LOCALITY (Check one and specify)	STREET AND NUMBER				
15a. Michigan		15b. Houghton	15c. <input checked="" type="checkbox"/> TWP. OF Calumet	15d. Box 38				
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
16. John			Eko		17. Anna		Helanen	
INFORMANT		MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP						
18a. (Signature) Martha Eko		18b. Box 38; Copper City, MI. 49917						
19. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)								
(a) CARDIORESPIRATORY ARREST		Interval between onset and death						
(b) METASTATIC PROSTATIC CANCER		3 YEARS						
(c)		Interval between onset and death						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No)				
		20. NO		21. NO				
PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulatory) (Specify)		IF HOSP. OR INST., indicate DOA, CP, Emergency, Inpatient (Specify)		24a. <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case.				
23a. HOME		22b. DOA		24b. <input type="checkbox"/> On the basis of examination and/or investigation, in my opinion death occurred at this time, date and place and due to the cause(s) stated				
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) Martha Eko		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH				
23b. 11/3/86		23c. 10 30A		24b. PRONOUNCED DEAD (Mo., Day, Yr.)		24c. PRONOUNCED DEAD (Hour)		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				24d. ON		24e. AT		
23d.								
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print)		25. Gary M. Mikel, M.D. 100 Red Jacket Road, Calumet, MI 49913						
ACC. SUICIDE, HOME, NATURAL OR PSYCHIC INJURY (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		
26a. NATURAL		26b.		26c.		26d.		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR RFD NO CITY, VILLAGE, OR TOWNSHIP STATE		
26e.		26f.		26g.				
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY, VILLAGE, OR TOWNSHIP STATE		
27a. Burial		27b. Lake View Cemetery		27c. Calumet, MI. 49913				
DATE (Mo., Day, Yr.)		NAME OF FACILITY		ADDRESS OF FACILITY				
27d. Nov. 6, 1986		27e. Erickson Crowley Funeral Home		27f. 40 E. Pine ST., Calumet, MI. 49913				
FUNERAL SERVICE LICENSEE (Signature)		REGISTRAR (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)				
28c. James R. Laurinich		28a. E. M. Rompf, Deputy		28b. Nov. 10, 1986				

STATE OF MICHIGAN )  
COUNTY OF HOUGHTON )

I, Raymond J. Hosking, Clerk of the County of Houghton and of the Circuit Court thereof, the same being a Court of Record having a seal, do

HEREBY CERTIFY, that the foregoing is a true and correct copy of the record on file in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of the Circuit Court, at Houghton, Michigan, this 29th day of January 1987.

RAYMOND J. HOSKING

Clerk

James R. Laurinich Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 9th day of March A.D., 19 87 at 2:45 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 3724

FEE \$5.00

Evelyn Biehn, County Clerk  
By \_\_\_\_\_