

CERTIFICATE OF DEATH

Michigan Department of Public Health

STATE FILE NUMBER **59927**

FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
Ray Wesley Lucas **Male** **October 9, 1969**

1. RACE (SPECIFY) **White** AGE—LAST BIRTHDAY (YEARS) **50 01** UNDER 1 YEAR (MONTHS) **05** UNDER 1 DAY (HOURS) **00** DATE OF BIRTH (MONTH, DAY, YEAR) **10-2-1908** COUNTY OF DEATH **Clare**

2. TOWN, OR LOCATION OF DEATH **Hayes Township** INSIDE CITY LIMITS (SPECIFY YES OR NO) **no** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **4934 Maplewood Drive, Harrison, Mich.**

3. DATE OF BIRTH (IF NOT IN U.S.A., NAME) **Ohio** CITIZEN OF WHAT COUNTRY **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **10. Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

4. SOCIAL SECURITY NUMBER **05-03-1686** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **Scout** KIND OF BUSINESS OR INDUSTRY **Baseball**

5. RESIDENCE—STATE **Mich.** COUNTY **Clare** CITY, TOWN, OR LOCATION **Hayes Twn.** INSIDE CITY LIMITS (SPECIFY YES OR NO) **no** STREET AND NUMBER **4934 Maplewood Dr.** **Harrison, Mi.**

6. DECEASED—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
Thomas Lucas **Lizzie Wildasin**

7. DECEASED—NAME **Mrs. Elaine (Sorenson) Lucas** MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **17b R.R. II, Harrison, Michigan, 48625**

8. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

(a) **4/12/68** **Coronary arrest**
 (b) **Coronary artery disease**
 (c) **As a consequence of**

9. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART 1 (a) **Autopsy** IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH **no**

10. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART 1 OR PART II, ITEM 18)

11. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

12. DATE OF DEATH (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 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 TO THE CAUSE(S) STATED.

13. 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.

14. SIGNATURE OF CERTIFIER **D. F. NIELER** DEGREE OR TITLE **MD** A STATE REGISTERED (MONTH, DAY, YEAR) **22. 10 10**

15. CREMATION, REMOVAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE
Burial **Maple Grove Cemetery** **Harrison, Michigan**

16. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR
Oct. 12 1969 **Coker Funeral Home** **165 Oak, Harrison, Mich. 48625**
Blanchet **10-14-1969**