



## **STATE OF MICHIGAN**DEPARTMENT OF COMMUNITY HEALTH

Medical Certificate Number

## **MEDICAL CERTIFICATE of DEATH**

ſ	DECEDENT'S NAME (First, Middle, Last)  7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code)					2. DATE OF BIRTH (Month, Day, Year) 3. SEX  7b. CITY, VILLAGE, OR TOWNSHIP OF D				4. DATE OF DEATH (Month, Day, Year)  DEATH 7c. COUNTY OF DEATH		
DECEDENT												
CERTIFICATION	27a. MEDICAL CERTIFIER (Check only one)  Certifying Physician - To the best of my knowledge, death occurred due to the (cause)s and manner stated.  Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, data, and place, and due to the cause(s) and manner stated.  Signature and Title  27b. DATE SIGNED (Mo. Day, Yr.)  27c. LICENSE NUMBER  34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print)				28a. ACTUAL C TIME OF 1 29. MEDICAL E CONTACTED? 32. MEDICAL E NUMBER (4	M (Mo. Day Yr.)  30. PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance		TH (Home, Ho 1, Ambulance) (	ospice, (Specify) ENDING	DEAD M  sice, pecify)  31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify)  SDING PHYSICIAN IF OTHER THAN		
CAUSE OF DEATH	36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.  If diabetes was an immediate, underlying or contributing cause of death, be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, IF ANY. leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that death)									Approximate Interval Between Onset and Death		
	initiated the events resulting in death) LAST				RIBUTE TO DEATH?  s Probably D Unknown GS AVAILABLE OF CAUSE OF		Not pre	F FEMALE:  ot pregnant within past year  regnant at time of death  ot pregnant, but pregnant within 42 days of death  ot pregnant, but pregnant 43 days to 1 year  before death  nknown if pregnant within the past year				
	41a. DATE OF INJURY (Mo., Day. Yr.)		41b. TIME OF INJURY  M									
MEDICAL EXAMINER	41d. INJURY AT WORK (Yes or No)	farm, stree	F INJURY - At home, tt, construction site, rea, etc. (Specify)	41f. IF TRANSPORT INJURY - Driver Passenger, Pedestria	Operator,	g. LOCATION	N - Street or	RFD No.	City,	Village or	· Twp.	State

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