



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

Medical Certificate Number

TYPE/PRINT
IN
PERMANENT
BLACK INK

MEDICAL CERTIFICATE of DEATH

Form with sections: DECEDENT (1-4), CERTIFICATION (27a-33), CAUSE OF DEATH (36-38), MEDICAL EXAMINER (41a-41g). Includes checkboxes for certifier type, death location, and cause of death details.