



STATE OF MICHIGANDEPARTMENT OF COMMUNITY HEALTH

Medical Certificate Number

MEDICAL CERTIFICATE of DEATH

ſ	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF BIRTH (Month, Day, Year) 3. SEX			3. SEX	4. DATE OF DEATH (Month, Day, Year)			
DECEDENT	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)					7b. CITY,	TY, VILLAGE, OR TOWNSHIP OF DEATH 7c. COUNTY					OF DEATH	
	27a. MEDICAL CERTIFIE Certifying Physician - ' manner stated. Medical Examiner - Or occurred at the time, data	in my opinion, death	TIME O	L OR PRESUMI F DEATH L EXAMINER O? (Yes or No)	M 30. PL	(Mo. Day	UNCED DEA	ospice,	28c. TIME PRONOUNCED DEAD M 31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify)				
CERTIFICATION	27b. DATE SIGNED (Mo. Day; Yr.) 27c. LICENSE NUM			IBER		32. MEDICAL EXAMINER'S CAS NUMBER (if applicable)			ASE 33. NAME OF ATTENDING CERTIFIER (Type or Print)			G PHYSICIAN IF OTHER THAN	
CAUSE OF DEATH	or ventricular indifilation without snowing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing a.											Approximate Interval Between Onset and Death	
	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 initiated the events resulting d												
	in death) LAST PART II. OTHER SIGNIFICA		ven in Part I.	37. DID TOBACCO USE CONTRIBUTE TO DEATH Yes Probably No Unknown PSY FINDINGS AVAILABLE MPLETION OF CAUSE OF		O DEATH? obably nknown	Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year						
	39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) 40a. WAS A PERFO (Tes or					F				VERE AUTOPS PRIOR TO COM DEATH? (Yes or)	ABLE E OF		
	41a. DATE OF INJURY (Mo., Day. Yr.) 41b. TIME OF INJURY 41c. DESCRIBE HOW INJURY OCCURRED M												
MEDICAL EXAMINER	41d. INJURY AT WORK (Yes or No)	farm, str	OF INJURY - At home, eet, construction site, area, etc. (Specify)	41f. IF TRANSPORT INJURY - Driver Passenger, Pedestri	Operator,	41g. LOCATIO	N - Stree	t or RFD No	. City	, Village or	· Twp.	State	
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