

REQUIRED FIELDS

MEDICAL CERTIFICATE OF DEATH

Medical Certifier

| STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH | | Medical Certificate Number | |
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| MEDICAL CERTIFICATE of DEATH | | | |
| 1. DECEDENT'S NAME (Print Abbrev. Last) | | 2. DATE OF BIRTH (Month, Day, Year) | 3. SEX |
| Harold Eric Winston | | | |
| 7a. LOCATION OF DEATH (Please place office officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name of institution, street address and zip code | | 7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH | 7c. COUNTY OF DEATH |
| 27a. MEDICAL CERTIFIER (Check only one) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause) and (manner) stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place, and due to the (cause) and (manner) stated. Signature and Title: <u>Paul Edwards MD</u> | | 28a. ACTUAL OR PRESUMED TIME OF DEATH <u>2:30 P M</u> | 28b. PRONOUNCED DEAD ON (Day, Month, Year) <u>1/2/2011</u> |
| 28c. TIME PRONOUNCED DEAD <u>3:12 P M</u> | | 29. MEDICAL EXAMINER CONTACTED? (Yes or No) <u>NO</u> | 30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Assisted Living, etc.) <u>Hospital</u> |
| 23b. DATE SIGNED (Mo, Day, Yr.) <u>1/3/2011</u> | | 27c. LICENSE NUMBER <u>187653092</u> | 31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DUA (Specify) <u>Inpatient</u> |
| 34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) <u>Paul Edwards MD 512 E. Market St. Lansing, MI 48912</u> | | | |
| 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 antecedent or contributing cause of death, be sure to note 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) a. <u>Cardiomyopathy</u> (Due to IOR AS A CONSEQUENCE OF) b. <u>Atherosclerotic Heart Disease</u> (Due to IOR AS A CONSEQUENCE OF) c. <u>Diabetes Mellitus</u> (Due to IOR AS A CONSEQUENCE OF) d. <u>Tobacco</u> (Due to IOR AS A CONSEQUENCE OF) Specify any last conditions, LEAD factor in the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the chain resulting in death) LAST. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. | | | |
| 37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | |
| 39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) <u>Natural</u> | | 40a. WAS AN AUTOPSY PERFORMED? (Yes or No) <u>No</u> | |
| 40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <u>No</u> | | 41. DESCRIBE HOW INJURY OCCURRED | |
| 41a. DATE OF INJURY (Mo, Day, Yr.) <u>Jan 1, 2011</u> | | 41b. TIME OF INJURY (Mo, Day, Yr.) <u>M</u> | |
| 41c. PLACE OF INJURY - At home, Day care, construction site, wooded area, etc. (Specify) <u>Jail</u> | | 41d. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify) <u>Drug withdrawal</u> | |
| 41e. LOCATION - Street or RFD No., City, Village or Twp., State <u>716 E. Michigan Ave, Lansing, MI</u> | | 41f. INJURY AT WORK (Yes or No) <u>No</u> | |

Medical Examiner

| STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH | | Medical Certificate Number | |
|--|--|---|--|
| MEDICAL CERTIFICATE of DEATH | | | |
| 1. DECEDENT'S NAME (Print Abbrev. Last) | | 2. DATE OF BIRTH (Month, Day, Year) | 3. SEX |
| Carla Renee Stevens | | November 11, 1962 | Female |
| 7a. LOCATION OF DEATH (Please place office officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name of institution, street address and zip code | | 7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH | 7c. COUNTY OF DEATH |
| Lansing | | Ingham | |
| 27a. MEDICAL CERTIFIER (Check only one) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause) and (manner) stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place, and due to the (cause) and (manner) stated. Signature and Title: <u>King Cobra DO</u> | | 28a. ACTUAL OR PRESUMED TIME OF DEATH <u>6:30 A M</u> | 28b. PRONOUNCED DEAD ON (Day, Month, Year) <u>Jan 1, 2011</u> |
| 28c. TIME PRONOUNCED DEAD <u>6:50 A M</u> | | 29. MEDICAL EXAMINER CONTACTED? (Yes or No) <u>Yes</u> | 30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Assisted Living, etc.) <u>Jail</u> |
| 23b. DATE SIGNED (Mo, Day, Yr.) <u>1/5/2011</u> | | 27c. LICENSE NUMBER <u>195627</u> | 31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DUA (Specify) |
| 34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) <u>King Cobra DO 1217 E. Michigan Avenue, Lansing, MI 48909</u> | | | |
| 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 antecedent or contributing cause of death, be sure to note 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) a. <u>Alcohol and Benzodiazepine withdrawal</u> (Due to IOR AS A CONSEQUENCE OF) b. (Due to IOR AS A CONSEQUENCE OF) c. (Due to IOR AS A CONSEQUENCE OF) d. (Due to IOR AS A CONSEQUENCE OF) Specify any last conditions, LEAD factor in the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the chain resulting in death) LAST. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. | | | |
| 37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | |
| 39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) <u>Accident</u> | | 40a. WAS AN AUTOPSY PERFORMED? (Yes or No) <u>yes</u> | |
| 40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <u>yes</u> | | 41. DESCRIBE HOW INJURY OCCURRED | |
| 41a. DATE OF INJURY (Mo, Day, Yr.) <u>Jan 1, 2011</u> | | 41b. TIME OF INJURY (Mo, Day, Yr.) <u>6:30 A M</u> | |
| 41c. PLACE OF INJURY - At home, Day care, construction site, wooded area, etc. (Specify) <u>Jail</u> | | 41d. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify) <u>Drug withdrawal</u> | |
| 41e. LOCATION - Street or RFD No., City, Village or Twp., State <u>716 E. Michigan Ave, Lansing, MI</u> | | 41f. INJURY AT WORK (Yes or No) <u>No</u> | |

41a-g is required when manner of death is not natural.