

Required Fields – Medical Certificate of Death



Physician's signature **MUST** be on document

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

MEDICAL CERTIFICATE of DEATH

1. DECEDENT'S NAME (Print, Abbrev, Last): **Harold Eric Winston**

2. DATE OF BIRTH (Month, Day, Year): **1/2/2011**

3. SEX: **Male**

4. DATE OF DEATH (Month, Day, Year): **1/2/2011**

5. CITY, VILLAGE, OR TOWNSHIP OF DEATH: **Lansing**

6. COUNTY OF DEATH: **Ingham**

7a. MEDICAL CERTIFIER (Check only one):
 Certifying Physician - In the best of my knowledge, death occurred due to the (circled) and (circled) stated.
 Medical Examiner - On the basis of examination, necropsy, investigation, or in my opinion, death occurred as the (circled), (circled), and (circled) and due to the (circled) and (circled) stated.
 Signature and Title: **Paul Edwards MD**

7b. DATE SIGNED (Mo, Day, Year): **1/3/2011**

7c. LICENSE NUMBER: **187653092**

8. MEDICAL EXAMINER CONTACTED? (Yes or No): **NO**

9. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Assisted Living, etc.): **Hospital**

10. IF HOSPITAL, Inpatient, Outpatient, Hospice, etc. (Specify): **Inpatient**

11. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **Paul Edwards MD**

12. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print): **512 E. Market St. Lansing, MI 48912**

13. PART I: Enter the (circle) of (circle) - (disease, injury, or complication) - that directly caused the death. Do NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thromboembolism without showing the etiology. Enter only one cause on a line.
 a. **Cardio myopathy** **10 years**
 b. **Atherosclerotic Heart Disease** **10 years**
 c. **Diabetes Mellitus** **10 years**
 d. **Tobacco** **40 yrs**

14. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (circle): **Natural**

15. WAS AN AUTOPSY PERFORMED? (Yes or No): **No**

16. WERE ALIEN FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): **No**

17. DID TOBACCO USE CONTRIBUTE TO DEATH? (Yes or No): **No**

18. IF FEMALE: (Check one)
 Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 41 days to 1 year after death
 Unknown if pregnant within the past year

19. DATE OF INJURY (Mo, Day, Year): **Jan 1, 2011**

20. TIME OF INJURY (M, H, P): **6:30 AM**

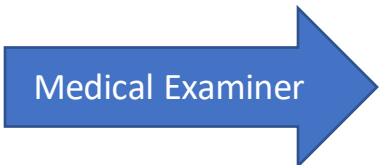
21. DESCRIBE HOW INJURY OCCURRED: **Drug withdrawal**

22. ENJOY AT WORK (Yes or No): **No**

23. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify): **Jail**

24. IF TRANSPORTATION (Specify): **Jail**

25. LOCATION - Street or RFD No., City, Village or Twp., State: **716 E. Michigan Ave, Lansing, MI**



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STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

MEDICAL CERTIFICATE of DEATH

1. DECEDENT'S NAME (Print, Abbrev, Last): **Carla Renee Stevens**

2. DATE OF BIRTH (Month, Day, Year): **November 11, 1962**

3. SEX: **Female**

4. DATE OF DEATH (Month, Day, Year): **January 1, 2011**

5. CITY, VILLAGE, OR TOWNSHIP OF DEATH: **Lansing**

6. COUNTY OF DEATH: **Ingham**

7a. MEDICAL CERTIFIER (Check only one):
 Certifying Physician - In the best of my knowledge, death occurred due to the (circled) and (circled) stated.
 Medical Examiner - On the basis of examination, necropsy, investigation, or in my opinion, death occurred as the (circled), (circled), and (circled) and due to the (circled) and (circled) stated.
 Signature and Title: **King Cobra DO**

7b. DATE SIGNED (Mo, Day, Year): **1/5/2011**

7c. LICENSE NUMBER: **195627**

8. MEDICAL EXAMINER CONTACTED? (Yes or No): **yes**

9. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Assisted Living, etc.): **Jail**

10. IF HOSPITAL, Inpatient, Outpatient, Hospice, etc. (Specify): **Jail**

11. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **King Cobra DO**

12. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print): **1217 E. Michigan Avenue, Lansing, MI 48909**

13. PART I: Enter the (circle) of (circle) - (disease, injury, or complication) - that directly caused the death. Do NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thromboembolism without showing the etiology. Enter only one cause on a line.
 a. **Alcohol and Benzodiazepine withdrawal** **1 hours**

14. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (circle): **Accident**

15. WAS AN AUTOPSY PERFORMED? (Yes or No): **yes**

16. WERE ALIEN FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): **yes**

17. DID TOBACCO USE CONTRIBUTE TO DEATH? (Yes or No): **No**

18. IF FEMALE: (Check one)
 Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 41 days to 1 year after death
 Unknown if pregnant within the past year

19. DATE OF INJURY (Mo, Day, Year): **Jan 1, 2011**

20. TIME OF INJURY (M, H, P): **6:30 AM**

21. DESCRIBE HOW INJURY OCCURRED: **Drug withdrawal**

22. ENJOY AT WORK (Yes or No): **No**

23. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify): **Jail**

24. IF TRANSPORTATION (Specify): **Jail**

25. LOCATION - Street or RFD No., City, Village or Twp., State: **716 E. Michigan Ave, Lansing, MI**

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