

LF 1074



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATH

D353 074

STATE FILE NUMBER

1349107

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

CF \_\_\_\_\_

AVAILABLE FOR USE BY PHYSICIAN OR INSTITUTION

1 DECEDENT'S NAME (First, Middle, Last) <b>Maurice R. Sheldon</b>					2 SEX <b>Male</b>	3 DATE OF DEATH (Month, Day, Year) <b>April 1, 1998</b>	
4a AGE - Last Birthday (Years) <b>76</b>	4b UNDER 1 YEAR MONTHS: _____ DAYS: _____	4c UNDER 1 DAY HOURS: _____ MINUTES: _____	5 DATE OF BIRTH (Month, Day, Year) <b>June 23, 1921</b>		6 COUNTY OF DEATH <b>Genesee</b>		
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) <b>McLaren Regional Medical Center</b>				7b IF HOSP OR INST Inpatient, Op / Emer Room, DOA (Specify) <b>Inpatient</b>	7c CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>City of Flint</b>		
8 SOCIAL SECURITY NUMBER <b>381-18-3737</b>		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Assistant Vice President/Manager</b>		9b KIND OF BUSINESS OR INDUSTRY <b>Banking</b>			
10a CURRENT RESIDENCE - STATE <b>Michigan</b>	10b COUNTY <b>Genesee</b>	10c LOCALITY (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP. OF <b>Flint</b>		10d STREET AND NUMBER <b>1095 Cora Drive</b>			
10e ZIP CODE <b>48532</b>	11 BIRTHPLACE (City and State or Foreign Country) <b>Swartz Creek, Michigan</b>	12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	13 SURVIVING SPOUSE (If wife, give name before first married) <b>Evelyn E. Smither</b>	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>Yes</b>			
15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) <b>English</b>		16 RACE - American Indian, Black, White, etc. If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc. (Specify below) <b>White</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>4</b> College (1-4 or 5+) _____			
18 FATHER'S NAME (First, Middle, Last) <b>Edwin E. Sheldon</b>				19 MOTHER'S NAME (First, Middle, Surname before first married) <b>Maude Mutchler</b>			
20a INFORMANT'S NAME (Type/Print) <b>Evelyn E. Sheldon</b>			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) <b>1095 Cora Drive, Flint, Michigan 48532</b>				
21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) <b>Burial</b>		22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) <b>Crestwood Memorial Cemetery</b>		22b LOCATION - City or Village, State <b>Grand Blanc, Michigan</b>			
23 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Jennifer L Sharp</i>		24 LICENSE NUMBER (of Licensee) <b>6671</b>	25 NAME AND ADDRESS OF FACILITY <b>Sharp Funeral Homes-Flint Area Chapel 6063 Fenton Road, Flint, MI 48507</b>				
26 PART I. Enter the diseases, injuries, or complications that caused the death. Do <b>NOT</b> enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death) → a <b>Inferior Wall Myocardial Infarction</b> DUE TO (OR AS A CONSEQUENCE OF) <b>Immediate</b>  Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. b _____ DUE TO (OR AS A CONSEQUENCE OF) _____ c _____ DUE TO (OR AS A CONSEQUENCE OF) _____ d _____						Approximate Interval Between Onset and Death	
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I						27a WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>	
27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)							
28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) <b>Hospital</b>		29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) <b>No</b>		31a (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case <input type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated			
CERTIFYING PHYSICIAN	30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <i>[Signature]</i>		30b DATE SIGNED (Mo. Day, Yr.) <b>4-06-98</b>		30c TIME OF DEATH <b>5:00 P M</b>		31b DATE SIGNED (Mo. Day, Yr.)
	30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31c CASE NUMBER		31d PRONOUNCED DEAD (Mo. Day, Yr.)		31e TIME OF DEATH
					<b>ON</b>		<b>M</b>
32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) <b>Orestes Iung, M.D. 1104 S. Linden Rd, Flint, MI 48532</b>						32b LICENSE NUMBER <b>01032011</b>	
33a ACC SUICIDE, HOM, NATURAL OR PENDING INVEST (Specify)		33b DATE OF INJURY (Mo. Day, Yr.)	33c TIME OF INJURY <b>M</b>	33d DESCRIBE HOW INJURY OCCURRED			
33e INJURY AT WORK (Specify Yes or No)		33f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33g LOCATION - Street or RFD No City, Village or Twp State			
34a REGISTRAR'S SIGNATURE <i>[Signature]</i>						34b DATE FILED (Month, Day, Year) <b>April 07, 1998</b>	

MEDICAL EXAMINER