

## STATE OF MICHIGAN

## CERTIFICATION OF VITAL RECORD

## COUNTY OF OAKLAND

STATE OF MICHIGAN

LF E 0506

CF 2024-03824



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

## CERTIFICATE OF DEATH

026290

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Owen Lewis Miller		2. DATE OF BIRTH March 22, 1952		3. SEX Male		4. DATE OF DEATH March 31, 2024	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS		6a. AGE- Last Birthday (Years) 72		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES	
7a. LOCATION OF DEATH Corewell Health William Beaumont University Hospital		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Royal Oak		7c. COUNTY OF DEATH Oakland			
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Wayne		8c. LOCALITY Detroit		8d. STREET AND NUMBER 4540 Harvard Rd.	
8e. ZIP CODE 48224		9. BIRTH PLACE Detroit, Michigan		10. SOCIAL SECURITY NUMBER 382-48-1823		11. DECEDENT'S EDUCATION Bachelor's degree	
12. RACE White		13a. ANCESTRY Russian		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? No	
15. USUAL OCCUPATION Sales		16. KIND OF BUSINESS OR INDUSTRY Mortgage		17. MARITAL STATUS Divorced		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married)	
19. FATHER'S NAME (First, Middle, Last) Harry S. Miller		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Naomi Baker					
21a. INFORMANT'S NAME Hannah Miller		21b. RELATIONSHIP TO DECEDENT Daughter		21c. MAILING ADDRESS 4540 Harvard Rd., Detroit, Michigan 48224			
22. METHOD OF DISPOSITION Burial		23a. PLACE OF DISPOSITION Clover Hill Park Cemetery		23b. LOCATION - City or Village, State Birmingham, Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Jonathan Dorfman		25. LICENSE NUMBER 4501006818		26. NAME AND ADDRESS OF FUNERAL FACILITY The Dorfman Chapel, 30440 W. 12 Mile, Farmington Hills, Michigan 48334			
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Brett Holmes, DO Signature and Title		28a. ACTUAL OR PRESUMED TIME OF DEATH 02:49 AM		28b. PRONOUNCED DEAD ON March 31, 2024		28c. TIME PRONOUNCED DEAD 02:49 AM	
27b. DATE SIGNED April 01, 2024		27c. LICENSE NUMBER 5101020318		29. MEDICAL EXAMINER CONTACTED No		30. PLACE OF DEATH Hospital	
31. IF HOSPITAL Inpatient		32. MEDICAL EXAMINER'S CASE NUMBER		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Brett Holmes, DO, 3601 W. 13 Mile Rd., Royal Oak, Michigan 48073							
35a. REGISTRAR'S SIGNATURE Melanie Halas				35b. DATE FILED April 04, 2024			
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 venous thromboses without showing the etiology. Enter only one cause on line: If diabetes was an underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as: a. Cirrhosis of the Liver b. IMMEDIATE CAUSE (final disease or condition resulting in death) c. SEQUENTIALLY LIST IF ANY, leading to the listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) d. 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 type="checkbox"/> No <input checked="" 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"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death							
39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable			
41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK		41e. PLACE OF INJURY		41f. IF TRANSPORTATION INJURY		41g. LOCATION	



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APR 05 2024

DATE

I, LISA BROWN, CLERK AND REGISTER OF DEEDS OF SAID COUNTY OF OAKLAND DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

Lisa Brown  
LISA BROWN  
Oakland County Clerk and Register of Deeds

By: Deputy Clerk



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE