

CITY OF DETROIT

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02906

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

3624758

1. DECEDENT'S NAME (First, Middle, Last) GLYICE REDMOND SR.		2. DATE OF BIRTH (Month, Day, Year) JULY 14, 1929		3. SEX MALE		4. DATE OF DEATH (Month, Day, Year) APRIL 29, 2013							
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any)				6a. AGE - Last Birthday (Years) 83		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES					
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HENRY FORD HOSPITAL				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH DETROIT		7c. COUNTY OF DEATH WAYNE							
8a. CURRENT RESIDENCE - STATE MICHIGAN		8b. COUNTY WAYNE		8c. LOCALITY (check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE (inside limits of) <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE DETROIT		8d. STREET AND NUMBER (include Apt. No. if applicable) 9900 MINOCK							
8e. ZIP CODE 48228		9. BIRTHPLACE (City and State or Country) ELIZABETH, NEW JERSEY		10. SOCIAL SECURITY NUMBER 376-40-7849		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? 12 th GRADE							
12. RACE - American Indian, White, Black, etc. (if Asian, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) BLACK		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe AFRICAN-AMERICAN		13b. HISPANIC ORIGIN (Yes or No) NO		14. WAS DECEDENT EMPLOYED IN THE U.S. ARMED FORCES (Yes or No) YES							
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. ELECTRICIAN		16. KIND OF BUSINESS OR INDUSTRY ELECTRICAL		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) DIVORCED		18. NAME OF SURVIVING SPOUSE (if wife, give name before first married) NONE							
19. FATHER'S NAME (First, Middle, Last) RAYMOND REDMOND				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) MARY JENKINS									
21a. INFORMANT'S NAME (Type/Print) AUTUMN REDMOND		21b. RELATIONSHIP TO DECEDENT DAUGHTER		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 9900 MINOCK DETROIT, MICHIGAN 48228									
22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) CREMATION		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) MEADOWCREST MEMORIAL CREMATORIUM				23b. LOCATION - City or Village, State DETROIT, MICHIGAN							
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <i>David L. Ellis</i>		25. LICENSE NUMBER (of Licensee) 6652		26. NAME AND ADDRESS OF FUNERAL FACILITY ELLIS FUNERAL HOME 22401 GRAND RIVER AVE. DETROIT, MI. 48219									
27a. CERTIFIER (Check only one) <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. Signature and Title <i>Thomas Palmer MD</i>		28a. ACTUAL OR PRESUMED TIME OF DEATH 9:30 P M		28b. PRONOUNCED DEAD ON (Mo, Day, Yr) April 29, 2013		28c. TIME PRONOUNCED DEAD 9:30 P M							
27b. DATE SIGNED (Mo., Day, Yr.) May 1, 2013		27c. LICENSE NUMBER 41830		29. MEDICAL EXAMINER CONTACTED? (Yes or No) No		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Hospital		31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DQA (Specify) Inpatient					
32. MEDICAL EXAMINER'S CASE NUMBER 41830		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Thomas Palmer MD		34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Thomas Palmer MD, 2799 West Grand Boulevard, Detroit, Michigan 48202									
35a. REGISTRAR'S SIGNATURE <i>Deborah Whiting</i>		35b. DATE FILED MAY 17 2013											
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. T cell lymphoma If diabetes was an immediate, 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 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 in death) LAST a. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ b. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ c. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ d. _____ PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. Pulmonary embolus, Bleeding liver hemangioma										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 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) Natural		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)									
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY M		41c. DESCRIBE HOW INJURY OCCURRED									
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No.		City, Village or Twp. State					

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DETROIT VITAL RECORDS

1645369

MAY 17 2013

Dated

Deborah Whiting
Deborah Whiting, Registrar
City of Detroit Health DepartmentDepartment of Health
Death Records

THE BACK OF THIS PAPER CONTAINS A WATERMARK - HOLD AT LIGHT TO VIEW