CF 2024-121

STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES CERTIFICATE OF DEATH

STATE	FILE	NUMBER

	I. DECEDENT'S NAME (First, Middle, Last) Shawn Rochelle Adams				TE OF BIRTH comber 04, 1959	3. SEX Female	4. DATE OF DEA		11, 202		
	5. NAME AT BIRTH OR OTHER NAME USED	BUSINESS		6s. AGE- Last Birthday (Years) 64	66 UNDER MONT		6c. UNDER HOURS	I DAY MINUTE			
	7s. LOCATION OF DEATH Munson Healthcare Otsego Memorial Hospital				VILLAGE OR TOWNS rd	Otsego	UNTY OF DEATH				
H. STORY	8a. CURRENT RESIDENCE - STATE 8b. Michigan	OCALITY oley Tu		ET AND NUMBER	nt 2						
8c. ZIP CODE 9. BIRTH PLACE 10. SOCIAL SECURITY NUMBER 11. DECEDENT'S EDUCATION											
49735 Flint, Michigan 377-76-1630 11th Grade 12. RACE White Polish, German, American 081GN No								ARMED	ARMED FORCES?		
15. USUAL OCCUPATION 16. KIND OF BUSINESS OR Largiver Home Healthcare					The state of the s						
Caregiver Divorced Divorced 19. FATHERS NAME (First, Middle, Last) 20. MOTHER'S NAME REFORE FIRST MARRIED (First, Unknown Unkn								t, Middle, Last)			
21a. INFORMANTS NAME 21b. RELATIONSHIP TO DECEDENT 21c. MAILING ADDRESS 3465 Murphy Lane, Columbia, Tennessee 38401											
	22. METHOD OF DISPOSITION Cremation	23a. PLACE OF DI Northern Mic		matory	Reporter, such to microscopic and with		- City or Village, Store	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	24 SIGNATURE OF MORTUARY SCIENCE LI		25. LICENSE		26. NAME AND	ADDRESS OF	aylord, Michigan ADDRESS OF FUNERAL FACILITY				
Rachel E. Smith 4501007772 Gaylord Community Funeral Home, 85 PO Box 249, Gaylord, Michigan 49734								enter A			
	27a. CERTIFIER Certifying Physician Te the boar of acylenorizates. de					PRONOUNCED	DEAD				
Medical Examiner 29. MEDICAL					100 11, 202 T						
Signature and Tale Yes Emergency room											
276. DATE SIGNED 276. LICENSE NUMBER NUMBER NUMBER NUMBER May 14, 2024 5101011554 69-0511-AS-2024											
	M. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Paul A. Wagner, DO, Otsego County ME, 2141 Plett Road PMB #111, Cadillac, Michigan 49601										
3	35. REGISTRAR'S SIGNATURE (BOOCH II. DOSCULE) 35. DATE FILED May 15, 2024										
A PART I DATES the chief of recent disease, injected or complications that diseases the disease DO NOT once terminal recent grade or medica server, respectively unable of relative terms of the chief of the chief. Date of the chief of the c							Approxima Between O Days to	nset and D			
BUSEDIATE CAUSE (Final Districtive pulmonary disease disease control of the pulmonary disease disease of control of the pulmonary disease dise								Years			
DUE TO (GR AS A CENSEQUENCE OF) Separating in the TP ARTY, funding in the Election to be Elected to											
UNDERCYNGCADE Contract signific Contract signific Contract signific LAST											
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I Diabetels, Obesity 37. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes							- Programs	and within per at time of dear			
15	9. MANNER OF DEATH	40s, WAS AN A	UTOPSY PER	FORMED		DPSY FINDING		CT Unknown	days of death if programs w		
,	Natural a DATE OF INJURY	Ib. TIME OF INJU	No	For a		Not progr	nant. But progis year before do				
•		III. TIME OF INIU		41e. Di	ESCRIBE HOW INJUR	OCCURRED					
	PLANT IN STREET, MAN TO SEE THE SECOND SECON			0.00					TO STATE		

I HEREBY CERTIFY, this is a True and Correct Copy of the Record on file in the Office of the COUNTY CLERK, Otsego County, State of Michigan.

700433016

700433016 Otsego County Clerk

May 15, 2024

Date



VPHS11(1/24) Authority: MCL 553.2682

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STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

037159 STATE FILE NUMBER

		9	CERT	IFICAT	E OF DE	ATH	290					
I. DECEDENT'S NAME (First, Middle, Lant) Shawn Rochelle Adams							3. SEX 4. DATE OF DEATH			May 11, 2024		
5. NAME AT BIRTH OR OTHER NAME US	NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS				Last Birthday (Years) 64		DER I VEA	DAYS	6c, UNDER	MINUTES		
74 LOCATION OF DEATH Munson Healthcare Otsego Men	LOCATION OF DEATH funson Healthcare Otsego Memorial Hospital					IP OF I			Y OF DEATH			
	Is. CURRENT RESIDENCE - STATE 85. COUNTY Zec. U							Otsego O NUMBER				
Michigan Se. ZIP CODE 9. BIRTH	PLACE	E	Sagley Tw	A STATE OF THE PARTY OF	JRITY NUMBI		418 Roberts Avenue Apt 11. DECEDENT'S EDUCATION					
49735 L2 RACE	49735 Flint, Michigan 13a. ANCESTRY Polish, Germa					1	1th Grad	136. HISPANI		R IN THE U.S		
White	olish, Ger	rman, Am	icrican				ORIGIN No	ARMED	No No			
15. USUAL OCCUPATION Caregiver	Home Healt		INDUSTRY	T	MARITAL S		18. NA	ME OF SURVIV	ING SPOUS	В		
19. FATHER'S NAME (First, Middle, Las Unknown Unknown	0			Janet El	aine Miller		IRST MAR	RIED (First,	Middle, Last)			
21a INFORMANT'S NAME Shelly Rae Davis	NFORMANT'S NAME									38401		
22. METHOD OF DISPOSITION Cremation 24. SIGNATURE OF MORTUARY SCIENCE	Northern Mi	ichigan C			G	aylord	OCATION Chy or Village, Stees lord, Michigan DRESS OF FUNERAL FACILITY					
Rachel E. Smith	ELICENSEE	i inese	01007772	G	sylord Con	nmuni	y Funera	Home, 85		enter Ave		
27a. CERTIFIER Certifying Physician (Generic and matter asset). Medical Examiner On the basis of examination.	TIME	OF DEATH Unknown	n May		y 11,	VINCED DEAD ON 28c. TIME V 11, 2024 09:0-						
operion, death account at the time, due, and place, and due to a messive status. Paul A. Wagner, DO Signature and Tale	Yes Yes	CAL EXAMI ACTED	Ho	PLACE OF D		Emerge	ency room					
75. DATE SIGNED 27c. LICENSE NUMBER NUMBER NUMBER NUMBER NUMBER 13. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER NUMBER 69-0511-AS-2024												
	NAME AND ADDRESS OF CERTIFYING PHYSICIAN Paul A. Wagner, DO, Otsego County ME, 2141 Plett Road PMB #111, Cadillac, Michigan 49601											
SA REGISTRAR'S SIGNATURE (BOOCH U. DOSCULTER 356. DATE FILED May 15								May 15,	2024			
14 PART I INTER the choice of errors, cleaners, injuries, or con Berthelion without through the choicege. Exten only one case If dislates manual manual manual control of the control case of dasht to use to record dislates in chief Part I or Part II of the case of	onic hypoxia	d ← ≜=0 50 N	OT enter terminal			.,,	vintinin		Between (onset and Dea Weeks		
Chronic obstructive pulmonary disease Chronic obstructive pulmonary disease continue continue Chronic obstructive pulmonary disease DUE TO FOR AS A CONSEQUENCE OF)								Years				
TF ANY, bending to the Reed on line a, likes the UNINEER LYNG CAUSE	DUE TO (OR AS						C					
LAST LAST									1			
PART II. OTHER SIGNIFICANT CONDITION given in Part I Diabetes, Obesity	sulting in the	CON				DID TOBACCO USE NTRIBUTE TO DEATH? Yes Probably No Unknown		ALE great within party of all time of death creats. Not insecuse				
39. MANNER OF DEATH Natural	40a, WAS AN	AUTOPSY P	PERFORME		NERE AUTO	LETION	VDINGS AV	AILABLE OF DEATH?	Unknow	grant, but prognant G days of death rec if progrant wide year grant, but prognant I your before death		
41a DATE OF INJURY	41b. TIME OF INJ	URY	41c. D	ESCRIBE	HOW INJURY							

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700433016



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May 15, 2024 Date



VPHS1(1/24) AUROPHY, MCL 2333 24822