

LF 1553

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

STATE FILE NUMBER  
282845

1. DECEDENT'S NAME (First, Middle, Last) LOUIS THOMAS WRISKA		2. DATE OF BIRTH August 26, 1947		3. SEX Male		4. DATE OF DEATH November 20, 2019	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Louis T. Wriska		6a. AGE - Last Birthday (Years) 72		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES	
7a. LOCATION OF DEATH Angela Hospice		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Livonia		7c. COUNTY OF DEATH Wayne			
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Wayne		8c. LOCALITY Livonia		8d. STREET AND NUMBER 23423 North Clements Circle	
9. ZIP CODE 48150		10. BIRTH PLACE Detroit, Michigan		10. SOCIAL SECURITY NUMBER 366-50-6093		11. DECEDENT'S EDUCATION High school graduate	
12. RACE White		13a. ANCESTRY Polish, German		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES No	
15. USUAL OCCUPATION Hi-Lo Driver		16. KIND OF BUSINESS OR INDUSTRY Automotive		17. MARITAL STATUS Married		18. NAME OF SURVIVING SPOUSE Anita Marie Cerni	
19. FATHER'S NAME (First, Middle, Last) Elmer "Bud" Wriska		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Mary Gomy					
21a. INFORMANT'S NAME Anita Marie Wriska		21b. RELATIONSHIP TO DECEDENT Wife		21c. MAILING ADDRESS 23423 N. Clements Cir., Livonia, Michigan 48150			
22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Lincoln Memorial Park Cemetery		23b. LOCATION - CHECK ONE Clinton Twp., Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Thomas A. Macksoth		25. LICENSE NUMBER 4501006395		26. NAME AND ADDRESS OF FUNERAL FACILITY Simple Funerals, 4120 W Jefferson, Ecorse, Michigan 48229			
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to this (cause) and (manner) listed. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place listed due to (the cause) and (manner) listed. Signature and James Scott Boal, MD		28a. ACTUAL OR PRESUMED TIME OF DEATH 05:18 PM		28b. PRONOUNCED DEAD ON November 20, 2019		28c. TIME PRONOUNCED DEAD 05:18 PM	
27b. DATE SIGNED November 21, 2019		27c. LICENSE NUMBER 4304 070 040		29. MEDICAL EXAMINER CONTACTED No		30. PLACE OF DEATH Hospice Facility	
31. NAME AND ADDRESS OF CERTIFYING PHYSICIAN James Scott Boal, MD, Angela Hospice, 14100 Newburgh Road, Livonia, Michigan 48154		32. MEDICAL EXAMINER'S CASE NUMBER		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
34. REGISTERAR'S SIGNATURE Susan M. Nash		35. DATE FILED November 22, 2019					
36. FATAL INTRINSIC CAUSE OF DEATH - (Cause of death) - that directly caused the death. DO NOT include secondary or tertiary causes of death. (e.g., pneumonia, stroke, heart failure, etc.) Respiration without knowledge of the underlying cause of death is not acceptable. a. Underlying or contributing cause of death as seen by a physician in clinical practice or Part I of the cause of death Non-Hodgkins Lymphoma		b. IMMEDIATE CAUSE (Final) (e.g., condition resulting in death) Sepsis from the urinary tract infection listed on line 36a. Enter the underlying cause (e.g., infection) that caused the sepsis, followed by "LAST".		c. DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death Unknown	
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 checked="" 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 42 days of death <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	

**CERTIFICATION**

I hereby certify that the above is a true and correct representation of the death facts on file with this office.

SUSAN M. NASH

CITY CLERK

City of Livonia, Wayne County

State of Michigan

DATE

NOVEMBER 22, 2019

SL01932485

VER050141(1/15) August 1, 2019, 100,000

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.