

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

H-0483 (Rev 9/15/09)

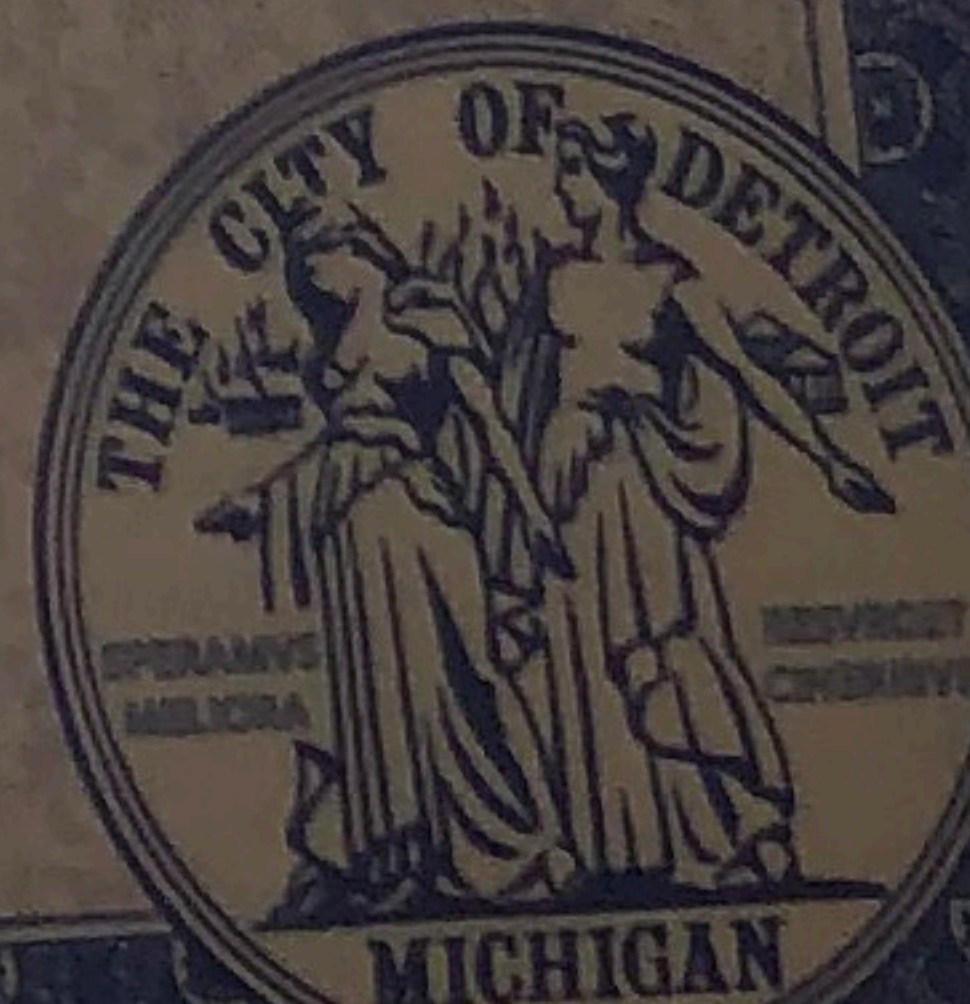
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DETROIT VITAL RECORDS

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