LF 103

CF

0643084

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

S 90 142180

STATE FILE NUMBER

(FOR SOC. SEC. DISABILITY INS. BENEFITS)

CERTIFICATE OF DEATH

LIBER 11539 PG 619

DECEDENT

1 DECEDENT NAME FIRST: Murray MIDDLE: F. LAST: Coleman
2 SEX: Male
3 DATE OF DEATH (Mo., Day, Yr.): August 9, 1984
4 RACE - (e.g., White, Black, American Indian, etc.) (Specify): White
5a AGE - Last Birthday (Yrs.): 64
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MINS
6 DATE OF BIRTH (Mo., Day, Yr.): July 26, 1920
7a COUNTY OF DEATH: Oakland
7b LOCATION OF DEATH (Check one and specify): [ ] INSIDE CITY LIMITS OF; [ ] INSIDE VILLAGE LIMITS OF; [X] TWP OF: Avon
7c HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number): Crittenton Hospital
8 STATE OF BIRTH (If not in U.S.A. name country): Michigan
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Kay Steil
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13 SOCIAL SECURITY NUMBER: 382-01-7443
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Staff Manager & Agent
14b KIND OF BUSINESS OR INDUSTRY: National Life & Accident Insurance Co.
15a CURRENT RESIDENCE - STATE: Michigan
15b COUNTY: Oakland
15c LOCALITY (Check one and specify): [ ] INSIDE CITY LIMITS OF; [ ] INSIDE VILLAGE LIMITS OF; [X] TWP OF: Orion
15d STREET AND NUMBER: 1470 Paul Blvd.

IF DEATH OCCURRED IN INSTITUTION, SEE MANUAL REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

16 FATHER - NAME FIRST: Roy MIDDLE: LAST: Coleman
17 MOTHER - MAIDEN NAME FIRST: Margaret MIDDLE: LAST: Paterson

INFORMANT
18a. (Signature): Mrs. Kay Coleman
MAILING ADDRESS STREET OR R.F.D. NO / CITY OR TOWN / STATE / ZIP
18b. 1470 Paul Blvd., Lake Orion, Michigan 48035

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

19. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
PART I
(a) ADVANCED CARCINOMA OF PANCREAS — Interval between onset and death: 1 1/2 years
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: LIVER METASTASIS
20 AUTOPSY (Specify Yes or No): No
21 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): No

(2)

22a PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify): Hospital
22b IF HOSP. OR INST., Indicate DOA, OP, Emer. Rm., Inpatient (Specify): Inpatient

CERTIFYING PHYSICIAN

23a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
(Signature and Title): Ronald Neuman D
DATE SIGNED (Mo., Day, Yr.) 23b: 8-11-84
HOUR OF DEATH 23c: 4:50p M
23d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): S. Amnvay M.D. P.C.

MEDICAL EXAMINER

24a. [ ] This case reviewed and determined not to be a medical examiner's case
[ ] 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) stated
(Signature and Title): B#82 REGYDEEDS PAID
DATE SIGNED (Mo., Day, Yr.) 24b: 7572 MISC
HOUR OF DEATH 24c: 7:00 M
PRONOUNCED DEAD (Mo., Day, Yr.) 24d. ON:
PRONOUNCED DEAD (Hour) 24e. AT: M

CERTIFIER

25 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN OR MEDICAL EXAMINER (Type or Print): RONALD NEUMAN, MD 785 N. LAPEER, LAKE ORION, MI 48035

26a ACC., SUICIDE, HOM., NATURAL OR PENDING INVEST. (Specify): Natural
26b DATE OF INJURY (Mo., Day, Yr.):
26c HOUR OF INJURY:
26d DESCRIBE HOW INJURY OCCURRED:
26e INJURY AT WORK (Specify Yes or No):
26f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
26g LOCATION - STREET OR R.F.D. NO / CITY, VILLAGE, OR TOWNSHIP / STATE:

DISPOSITION

27a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
27b CEMETERY OR CREMATORY - NAME: East Lawn Cemetery
27c LOCATION - CITY, VILLAGE, OR TOWNSHIP / STATE: Orion Township, Michigan
27d DATE (Mo., Day, Yr.): August 13, 1984
28a NAME OF FACILITY: Sparks-Griffin Funeral Home
28b ADDRESS OF FACILITY: 111 Flint, Lake Orion, Michigan 48035
28c FUNERAL SERVICE LICENSEE (Signature): Patrick J. Flanigan
29a REGISTRAR (Signature): Lynda R. Crowell
29b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): August 13, 1984

B-36a
5/83