

LF 795

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STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH 0 0 3 9 0 0 0
STATE FILE NUMBER

CERTIFICATE OF DEATH

53233

DECEDENT NAME FIRST MIDDLE LAST 1 Robert E. Sussman			SEX 2 Male	DATE OF DEATH (Mo., Day, Yr.) 3 July 7, 1979	
RACE - (e.g. White, Black, American Indian, etc.) (Specify) 4 White	AGE - Last Birthday (Yr.) 5a. 56	UNDER 1 YEAR MOS 5b.	UNDER 1 DAY HOURS 5c.	DATE OF BIRTH (Mo., Day, Yr.) 6 Dec. 17, 1922	COUNTY OF DEATH 7a. Oakland
LOCATION OF DEATH (Check one and specify) <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP OF	Royal Oak		HOSPITAL OR OTHER INSTITUTION - Name (if not in either give street and number) 7c. William Beaumont Hospital		
STATE OF BIRTH (if not in U.S.A name country) 8 Ohio	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Suzanne Leddy		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. Yes
SOCIAL SECURITY NUMBER 13 290-16-7237		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Cost Analyst	KIND OF BUSINESS OR INDUSTRY 14b Chrysler Corporation		
CURRENT RESIDENCE - STATE 15a Michigan	COUNTY 15b Oakland	LOCALITY (Check one and specify) <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP OF	STREET AND NUMBER 15c Berkley 3928 Kipling 15d		
FATHER - NAME FIRST MIDDLE LAST 16 Robert E. Sussman Sr.			MOTHER - MARDEN NAME FIRST MIDDLE LAST 17 Bessie - Jones		
INFORMANT 18a (Signature) Suzanne Sussman		MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 18b 3928 Kipling Berkley, MI 48072			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
(a) Weepers granulomatous					6 mo.
(b)					Interval between onset and death
(c)					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I Empyema				AUTOPSY (Specify Yes or No) 20 Yes	WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) 21 No
PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) 22a Hosp.	IF HOSP OR INST., indicate DOA OF Emer Rm Inpatient (Specify) 22b IP		<input type="checkbox"/> This case reviewed and determined not to be a medical examiner's case <input checked="" type="checkbox"/> 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) _____ 24a		
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) _____	DATE SIGNED (Mo., Day, Yr.) 23b 7/9/79		HOUR OF DEATH 23c 12 55 A M		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23d		MEDICAL EXAMINER 24b		PRONOUNCED DEAD (Hour) 24c	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print) 25 Howard S. Shapiro M.D. 3535 W. 13 Mile Rd. Royal Oak Mich. 48072		PRONOUNCED DEAD (Mo., Day, Yr.) 24d ON		PRONOUNCED DEAD (Hour) 24e AT	
ACC SUICIDE HOM NATURAL OR PENDING INVEST (Specify) 26a nat.	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e		PLACE OF INJURY At home farm street factory office building etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO 26h	CITY VILLAGE OR TOWNSHIP STATE 26i
BURIAL CREMATION REMOVAL OTHER (Specify) 27a Cremation	CEMETERY OR CREMATORY - NAME 27b Woodlawn Cemetery		LOCATION CITY VILLAGE OR TOWNSHIP STATE 27c Detroit, Michigan		
DATE (Mo., Day, Yr.) 27a July 9, 1979	NAME OF FACILITY 27b Sawyer-Fuller Funeral Home Inc.		ADDRESS OF FACILITY 27c 2125 12 Mile Rd. Berkley, MI 48072		
FUNERAL SERVICE LICENSEE (Signature) 28a	REGISTRAR (Signature) 28a	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 29b July 9, 1979			