

LF
CF D2022-1984



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

STATE FILE NUMBER
060659

1. DECEDENT'S NAME (First, Middle, Last) Michael Alfred Bishop		2. DATE OF BIRTH August 30, 1939		3. SEX Male		4. DATE OF DEATH July 15, 2022			
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS				6a. AGE- Last Birthday (Years) 82		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES	
7a. LOCATION OF DEATH 3512 Sandhurst Drive 48911				7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Lansing		7c. COUNTY OF DEATH Ingham			
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Ingham		8c. LOCALITY Lansing		8d. STREET AND NUMBER 3512 Sandhurst Drive			
8e. ZIP CODE 48911		9. BIRTH PLACE Flint, Michigan		10. SOCIAL SECURITY NUMBER 371-42-0786		11. DECEDENT'S EDUCATION Bachelor's degree			
12. RACE White		13a. ANCESTRY German				13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? Yes	
15. USUAL OCCUPATION Health Department		16. KIND OF BUSINESS OR INDUSTRY State of Michigan		17. MARITAL STATUS Married		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married) Margaret R. Silva			
19. FATHER'S NAME (First, Middle, Last) Arthur Bishop				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Marianne Fedewa					
21a. INFORMANT'S NAME Michael A. Bishop		21b. RELATIONSHIP TO DECEDENT Son		21c. MAILING ADDRESS 8607 Carlsbad Lane, Lansing, Michigan 48917					
22. METHOD OF DISPOSITION Burial		23a. PLACE OF DISPOSITION Deerpdale Memorial Gardens		23b. LOCATION - (City or Village, State) Lansing, Michigan					
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Angela S. Van Core		25. LICENSE NUMBER 4501006884		26. NAME AND ADDRESS OF FUNERAL FACILITY Tiffany Funeral Home, 3232 West Saginaw, Lansing, Michigan 48917					
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause) 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. Richard Allen, DO Signature and Title		28a. ACTUAL OR PRESUMED TIME OF DEATH Unknown		28b. PRONOUNCED DEAD ON July 15, 2022		28c. TIME PRONOUNCED DEAD 21:22 Military Time			
29. MEDICAL EXAMINER CONTACTED Yes		30. PLACE OF DEATH Decedent Residence		31. IF HOSPITAL					
27b. DATE SIGNED July 22, 2022		27c. LICENSE NUMBER 5101016152		32. MEDICAL EXAMINER'S CASE NUMBER 071522BV554IC		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Richard Allen, DO, 7335 Westshire Drive, Suite 100, Lansing, Michigan 48917									
35a. REGISTRAR'S SIGNATURE 						35b. DATE FILED July 27, 2022			
36. PART I. ENTER the chain of events - disease, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or vascular fibrillation without showing the etiology. Enter only one cause on line. If disease was an 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: IMMEDIATE CAUSE (Final disease or condition resulting in death) * CAD _____ DUE TO (OR AS A CONSEQUENCE OF) * HTN _____ DUE TO (OR AS A CONSEQUENCE OF) Sequentially list IF ANY, leading to the listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) _____ DUE TO (OR AS A CONSEQUENCE OF) 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 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"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death Approximate Interval Between Onset and Death 10+ years 10+ years									
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. IS TRANSPORTATION INJURY		41g. LOCATION			

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DEATH \$0.00
Barb Byrum, Ingham County Clerk

SP04993242

VRH05S11 (12/12) Authority: MCL 333.2882

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.

THIS CERTIFICATE OF VITAL RECORD CONTAINS THE FOLLOWING SECURITY FEATURES. THESE SECURITY FEATURES MUST BE PRESENT FOR THIS TO BE A VALID, ACCEPTABLE DOCUMENT:

- Watermark Chainlink design
- Fluorescent security fibers
- Full chemical sensitization

IMPORTANT INFORMATION:

This certificate is a valuable and legal document. Please keep in a safe place.

WARNING:

Obtaining and/or using this document and/or personal identifying information contained on this document with the intent to defraud or commit another unlawful act is prohibited.
(MCL 445.65)

A person shall not willfully and knowingly obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another person, for any purpose of deception, a counterfeited, altered, amended, or mutilated vital record or certified copy thereof.
(MCL 333.2894 (1)(d))

A person shall not make, counterfeit, alter, amend, or mutilate a vital record or report required to be filed under this part with the intent to deceive.
(MCL 333.2894 (2))

**STATE OF MICHIGAN
COUNTY OF INGHAM**

I, Barb Byrum, Clerk of the County of Ingham, do hereby certify that the foregoing is a true and correct copy of the original thereof on file in said County.

Signed and sealed in Ingham County, Michigan this 27 day of July, 2022.

Barb Byrum, Ingham County Clerk

by

Barbara L. Frazier, Deputy Clerk

