

LF  
CF D2022-1984

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

STATE FILE NUMBER  
060659

1. DECEASED'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	6c. UNDER 1 DAY HOURS
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. DECEASED'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 <i>(First, Middle, Last)</i> 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 DECEASED Son	21c. MAILING ADDRESS 8607 Carlsbad Lane, Lansing, Michigan 48917	
22. METHOD OF DISPOSITION Burial		23a. PLACE OF DISPOSITION Deepdale 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(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 Richard Allen, DO		28a. ACTUAL OR PRESUMED TIME OF DEATH Unknown	28b. PRONOUNCED DEAD ON July 15, 2022	28c. TIME PRONOUNCED DEAD 21:22 Military Time
27b. DATE SIGNED July 22, 2022		27c. LICENSE NUMBER 5101016152	29. MEDICAL EXAMINER CONTACTED Yes	30. PLACE OF DEATH Decedent Residence
31. IF HOSPITAL		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	
<p>36. PART I. ENTER THE CAUSES OF DEATH, INJURIES OR EXPIRATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST OR VASCULAR OBSTRUCTION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE OR ONE:</p> <p>If disease was an underlying or contributing cause of death be sure to record diseases in either Part I or Part II of the cause of death section, as</p> <p><input checked="" type="checkbox"/> CAD</p> <p><input type="checkbox"/> HTN</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>SEQUENTIALLY THE IF ANY, leading to the listed on line 1. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)</p> <p>LANT</p>				
<p>Approximate interval Between Onset and Death 10+ years</p> <p>Approximate interval 10+ years</p>				
<p>PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I</p>				
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. TRANSPORTATION INJURY	41g. LOCATION

SP04993242

VRHDSS11 (12/12) Authority: MCL 333.2882

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.

D2022-1984  
7/27/22 8:15 AM Page 1 of 1  
Death \$0.00  
Barb Byrum, Ingham County Clerk

**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