

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

Michigan Department of Public Health

STATE FILE NUMBER

24200

DECEASED—NAME A MICKEY C.) Maurice Charles Harris			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) April 15, 1971
------------------------------------------------------	--	--	-------------	----------------------------------------------------

WHITE, NEGRO, AMERICAN INDIAN, (SPECIFY) White	AGE—LAST BIRTHDAY (YEARS) 54	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 1-30-17	COUNTY OF DEATH Oakland
---------------------------------------------------	---------------------------------	---------------------------	---------------------------	---------------------------------------------	----------------------------

VILLAGE, OR TOWNSHIP OF DEATH Farmington Twp.	INSIDE CITY LIMITS (SPECIFY YES OR NO) No	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Botsford General Hospital (Osteopathic)
--------------------------------------------------	----------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

PLACE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) New York	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Dorothy Bauman
-------------------------------------------------------------	-----------------------------------	----------------------------------------------------------------	----------------------------------------------------------------

SOCIAL SECURITY NUMBER 426-18-0564	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Maintenance	KIND OF BUSINESS OR INDUSTRY Alexander Hamilton Ins. Co.
---------------------------------------	-------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

RESIDENCE—STATE Michigan	COUNTY Oakland	CITY, VILLAGE OR TOWNSHIP Farmington Twp.	INSIDE CITY LIMITS (SPECIFY YES OR NO) No	STREET AND NUMBER 27850 Peppermill
-----------------------------	-------------------	----------------------------------------------	----------------------------------------------	---------------------------------------

FATHER—NAME Morris C. Harris	MOTHER—MAIDEN NAME Elizabeth Heidelbach
---------------------------------	--------------------------------------------

DECEASED—NAME Dorothy Harris (wife)	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 27850 Peppermill Farmington, Mich.
----------------------------------------	--------------------------------------------------------------------------------------------------------

DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <i>Acute Myocardial Infarction</i>	<i>1 1/2 Hrs.</i>
(b) <i>Arteriosclerotic C.V. Dis.</i>	
(c) <i>Coronary Arteriosclerosis</i>	<i>20 Yrs</i>

OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) <i>Obesity</i>	AUTOPSY (YES OR NO) No	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH No
-------------------------------------------------------------------------------------------------------------------------------	---------------------------	---------------------------------------------------------------------

ACCIDENT, SUICIDE, HOMICIDE, (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR) 20b	HOUR 20c	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) M 20d
----------------------------------------	------------------------------------------	-------------	-------------------------------------------------------------------------------------

PLACEMENT AT WORK (SPECIFY)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g
-----------------------------	-------------------------------------------------------------------------------------	-------------------------------------------------------------

CERTIFICATION—MONTH DAY YEAR 7-1-64 TO 21b 4-15-71	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c 4-15-71	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d YES	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e 9P
-------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------	-------------------------------------------------------------------------------------------------------------------

CERTIFIER—NAME (TYPE OR PRINT) EDWIN C. BLUMBERG	SIGNATURE <i>Edwin C. Blumberg</i>	DEGREE OR TITLE M.D.	DATE SIGNED (MONTH, DAY, YEAR) 4-16-71
-----------------------------------------------------	---------------------------------------	-------------------------	-------------------------------------------

ADDRESS—CERTIFIER 31557 W. Ton Mill, Farmington, Mich.	STREET OR R.F.D. NO., CITY OR TOWN, STATE
-----------------------------------------------------------	-------------------------------------------

DATE (MONTH, DAY, YEAR) APRIL 19, 1971	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) HEENEY-SUNDQUIST FUNERAL HOME, INC. 23720 Farmington Rd., Farmington, Mich. 48024
-------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------

FUNERAL DIRECTOR—SIGNATURE <i>Edmund Sundquist</i>	REGISTRAR—SIGNATURE <i>Namini Buch</i>	DATE RECEIVED BY LOCAL REGISTRAR 4-19-71
-------------------------------------------------------	-------------------------------------------	---------------------------------------------