

# CITY OF DETROIT

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH

STATE FILE NUMBER

LF \_\_\_\_\_  
CF **005420**

## CERTIFICATE OF DEATH

**1842550**

**697129**



FOR USE BY PHYSICIAN OR INSTITUTION

**DECEASED**

**PARENTS**

**INFORMANT**

**DISPOSITION**

**CAUSE OF DEATH**

**CERTIFIER**

**MEDICAL EXAMINER**

1. DECEASED'S NAME (First, Middle, Last) <b>HENRY OLIVER CLARK, JR.</b>				2. SEX <b>MALE</b>		3. DATE OF DEATH (Month, Day, Year) <b>JULY 3, 2001</b>	
4a. AGE - Last Birthday (Years) <b>51</b>		4b. UNDER 1 YEAR MONTHS: _____ DAYS: _____		4c. UNDER 1 DAY HOURS: _____ MINUTES: _____		5. DATE OF BIRTH (Month, Day, Year) <b>JANUARY 13, 1950</b>	
6. COUNTY OF DEATH <b>WAYNE</b>		7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) <b>HARPER/HOSPITAL</b>				7b. IF HOSP OR INST Inpatient, Op / Emer. Room, DOA (Specify) <b>INPATIENT</b>	
7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>DETROIT</b>		8. SOCIAL SECURITY NUMBER				9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>REPAIR MAN</b>	
9b. KIND OF BUSINESS OR INDUSTRY <b>AUTOMOTIVE</b>				10a. CURRENT RESIDENCE - STATE <b>MICHIGAN</b>		10b. COUNTY <b>WAYNE</b>	
10c. LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> TWP. OF <b>DETROIT</b>		10d. STREET NUMBER		10e. ZIP CODE <b>48235</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>DETROIT, MI.</b>	
12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>		13. SURVIVING SPOUSE (If wife give name before first married) <b>BARBARA A. LEWIS</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES (Specify Yes or No) <b>NO</b>		15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) <b>AFRO AMERICAN</b>	
16. RACE - American Indian, Black, White, etc. If Asian, give nationality. If Filipino, Asian Indian, etc. (Specify below) <b>BLACK</b>		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12th.</b> College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) <b>HENRY OLIVER CLARK, SR.</b>		19. MOTHER'S NAME (First, Middle, Surname before first married) <b>SARA JOHNSON</b>	
20a. INFORMANT'S NAME (Type/Print) <b>BARBARA A. LEWIS-CLARK</b>		20b. MAILING ADDRESS (Street Number, City, Village, State, ZIP Code) <b>MI 48235</b>		21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) <b>BURIAL</b>		22a. PLACE OF DISPOSITION (Name of other place) <b>ELMWOOD CEMETERY</b>	
22b. CITY, VILLAGE, OR TOWNSHIP OF DISPOSITION <b>DETROIT, MICHIGAN</b>		23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>James H. Cole</i>		24. LICENSE NUMBER (Of Licensee) <b>5524</b>		25. NAME AND ADDRESS OF FACILITY <b>JAMES H. COLE HOME FOR FUNERALS, INC. 2624 W. GRAND BLVD. DETROIT, MI. 48208</b>	
26. PART I - Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Acute intraabdominal hemorrhage</b>		Approximate Interval Between Onset and Death <b>2 days</b>		b. <b>Subdiaphragmatic bleeding of undetermined etiology</b>		c. <b>unknown</b>	
Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) - LAST d. _____		PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in Part I <b>S/P cholecystectomy, pancreatic abscess</b>		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>YES</b>		27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <b>YES</b>	
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) <b>HOSPITAL</b>		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) <b>YES</b>		30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>James J. Glazier M.D.</i>		30b. DATE SIGNED (Mo, Day, Yr.) <b>JULY 11th 2001</b>	
30c. TIME OF DEATH <b>6:15 PM</b>		31a. (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case <input checked="" type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) _____		31b. DATE SIGNED (Mo, Day, Yr.)		31c. CASE NUMBER	
31d. PRONOUNCED DEAD (Mo, Day, Yr.) <b>ON</b>		31e. TIME OF DEATH <b>M</b>		32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) <b>JAMES J. GLAZIER, M.D. HARPER PROFESSIONAL BUILDING, Detroit 48201</b>		32b. LICENSE NUMBER <b>301068259</b>	
33a. ACC. SUICIDE, HOMIC. NATURAL OR PENDING INVEST. (Specify)		33b. DATE OF INJURY (Mo, Day, Yr.)		33c. TIME OF INJURY <b>M</b>		33d. DESCRIBE HOW INJURY OCCURRED	
33e. INJURY AT WORK (Specify Yes or No)		33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33g. LOCATION - Street or R.F.D. No. City, Village or Twp. State		34a. REGISTRAR'S SIGNATURE <i>Meredith A. Johnson</i>	
34b. DATE FILED (Month, Day, Year) <b>JUL 12 2001</b>							

THIS CERTIFIES THAT THE ABOVE IS A TRUE COPY OF FACTS RECORDED ON THIS RECORD OF THE PERSON NAMED HEREON, AS FILED AT THE DETROIT DEPARTMENT OF HEALTH.

JUL 19 2001

DATED

*Mildred L Johnson*

MILDRED L. JOHNSON  
REGISTRAR, VITAL RECORDS  
DETROIT DEPARTMENT OF HEALTH  
1151 TAYLOR  
DETROIT, MI 48202



**Department of Health  
Vital Records**

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER - THE BACK OF THIS PAPER CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT ANGLE TO VIEW