

LF 2657



STATE OF MICHIGAN  
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

CERTIFICATE OF DEATH

**0910898**

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

CF \_\_\_\_\_

NAME OF DECEDENT  
FOR USE BY PHYSICIAN OR INSTITUTION

1 DECEDENT'S NAME (First, Middle, Last) **Linda J. Smorch** 2 SEX **Female** 3 DATE OF DEATH (Month, Day, Year) **September 17, 1994**

4a AGE Last Birthday (Years) **50** 4b UNDER 1 YEAR MONTHS DAYS 4c UNDER 1 DAY HOURS MINUTES 5 DATE OF BIRTH (Month, Day, Year) **March 13, 1944** 6 COUNTY OF DEATH **Genesee**

**DECEDENT**

7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) **St. Joseph Hospital** 7b IF HOSP OR INST inpatient Op. Emer. Room DQA (Specify) **Inpatient** 7c CITY, VILLAGE, OR TOWNSHIP OF DEATH **City of Flint**

8 SOCIAL SECURITY NUMBER **384-42-9947** 9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Hairdresser** 9b KIND OF BUSINESS OR INDUSTRY **Beauty Salon**

10a CURRENT RESIDENCE STATE **Michigan** 10b COUNTY **Genesee** 10c LOCALITY (Check one box and specify)  INSIDE CITY OR VILLAGE OF **Burton**  TWP OF **Burton** 10d STREET AND NUMBER **1403 Amy Street**

10e ZIP CODE **48509** 11 BIRTHPLACE (City and State or Foreign Country) **Wayne Michigan** 12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) **Married** 13 SURVIVING SPOUSE (If wife give name before first married) **Leonard Smorch** 14 WAS DECEDENT IN U.S. ARMED FORCES (Specify Yes or No) **No**

15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) **Italian** 16 RACE - American Indian, Black, White, etc. If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc. (Specify below) **White** 17 DECEDENT'S EDUCATION (Specify only highest grade completed) **Elementary/Secondary (0-12)** **College (14 or 5)**

**PARENTS**

18 FATHER'S NAME (First, Middle, Last) **Floyd Metcalf** 19 MOTHER'S NAME (First, Middle, Surname before first married) **Annette Grammatico**

**INFORMANT**

20a INFORMANT'S NAME (Type Print) **Leonard Smorch** 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) **1403 Amy Street, Burton, Michigan 48509**

**DISPOSITION**

21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) **Cremation** 22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) **Sunset Hills Crematory** 22b LOCATION - City or Village, State **Flint, Michigan**

23 SIGNATURE OF FUNERAL SERVICE LICENSEE **Harry C. Swartz** 24 LICENSE NUMBER (of Licensee) **4963** 25 NAME AND ADDRESS OF FACILITY **Swartz Funeral Home, Inc. 1225 West Hill Road, Flint, Michigan**

**CAUSE OF DEATH**

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) **Lung Cancer** DUE TO (OR AS A CONSEQUENCE OF) **RECORD OF DEATH** **Months**  
Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  
a \_\_\_\_\_ DUE TO (OR AS A CONSEQUENCE OF) \_\_\_\_\_  
b \_\_\_\_\_ DUE TO (OR AS A CONSEQUENCE OF) \_\_\_\_\_  
c \_\_\_\_\_ DUE TO (OR AS A CONSEQUENCE OF) \_\_\_\_\_  
d \_\_\_\_\_

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I **Renal Failure, Hepatic Failure** 27a WAS AN AUTOPSY PERFORMED? (Yes or No) **NO** 27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

**CERTIFIER**

28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) **GENESYS HOSPITAL** 29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) **No** 31a (Check one only)  The case reviewed and determined not to be a medical examiner's case.  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(s) stated.

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) **[Signature]** 30b DATE SIGNED (Mo., Day, Yr.) **September 19, 1994** 30c TIME OF DEATH **12:20 P.M.** 31b DATE SIGNED (Mo., Day, Yr.) **[Signature]** 31c CASE NUMBER **[Signature]**

**MEDICAL EXAMINER**

32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) **PAUL KARR JR MD 1198 N. Belsay Rd Burton, MI** 32b LICENSE NUMBER **430105732** 33a ACC. SUICIDE, HOM. NATURAL OR PENDING INVEST (Specify) 33b DATE OF INJURY (Mo., Day, Yr.) 33c TIME OF INJURY **M** 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 **Michael J. Carr** 34b DATE FILED (Month, Day, Year) **SEPTEMBER 19, 1994**

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**DECEDENT**

**PARENTS**

**INFORMANT**

**DISPOSITION**

**CAUSE OF DEATH**

**CERTIFIER**

**MEDICAL EXAMINER**

1 DECEDENT'S NAME (First, Middle, Last) <b>Linda J. Smorch</b>				2 SEX <b>Female</b>		3 DATE OF DEATH (Month, Day, Year) <b>September 17,</b>	
4a AGE - Last Birthday (Years) <b>50</b>		4b UNDER 1 YEAR MONTHS _____ DAYS _____		4c UNDER 1 DAY HOURS _____ MINUTES _____		5 DATE OF BIRTH (Month, Day, Year) <b>March 13, 1944</b>	
6 COUNTY OF DEATH <b>Genesee</b>				7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) <b>St. Joseph Hospital</b>			
7b IF HOSP OR INST Inpatient, Op-Emer, Room, DOA (Specify) <b>Inpatient</b>				7c CITY, VILLAGE, OR TOWNSHIP OF <b>City of Flint</b>			
8 SOCIAL SECURITY NUMBER <b>384-42-9947</b>			9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Hairdresser</b>			9b KIND OF BUSINESS OR INDUSTRY <b>Beauty Salon</b>	
10a CURRENT RESIDENCE STATE <b>Michigan</b>		10b COUNTY <b>Genesee</b>		10c LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> TWP. OF <b>Burton</b>		10d STREET AND NUMBER <b>1403 Amy Street</b>	
10e ZIP CODE <b>48509</b>		11 BIRTHPLACE (City and State or Foreign Country) <b>Wayne Michigan</b>		12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		13 SURVIVING SPOUSE (If wife, give name before first married) <b>Leonard Smorch</b>	
14 WAS DECEDENT IN U.S. ARMED SERVICES (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>Italian</b>		16 RACE - American Indian, Black, White, etc. If Asian, give nationality (e.g. Chinese, Filipino, Asian Indian, etc (Specify below) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade) <b>Elementary/Secondary (0-12)</b>				18 DECEDENT'S EDUCATION (Specify only highest grade) <b>12</b>			
18 FATHER'S NAME (First, Middle, Last) <b>Floyd Metcalf</b>				19 MOTHER'S NAME (First, Middle, Surname before first married) <b>Annette Grammatico</b>			
20a INFORMANT'S NAME (Type Print) <b>Leonard Smorch</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) <b>1403 Amy Street, Burton, Michigan 48509</b>			
21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) <b>Cremation</b>			22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) <b>Sunset Hills Crematory</b>		22b LOCATION - City or Village, State <b>Flint, Michigan</b>		
23 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Harry C. Swartz</i>			24 LICENSE NUMBER (of Licensee) <b>4963</b>		25 NAME AND ADDRESS OF FACILITY <b>Swartz Funeral Home, Inc. 1225 West Hill Road, Flint, Michigan</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) → <b>Lung Cancer</b> DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions IF ANY leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF) 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 <b>Renal Failure, Hepatic Failure</b>							
27a WAS AN AUTOPSY PERFORMED? (Yes or No) <b>NO</b>				27b WERE AUTOPSY AVAILABLE PRIOR TO COMPLETION OF DEATH? (Yes or No)			
28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) <b>GENESSEE HOSPITAL</b>				29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) <b>No</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>[Signature]</i>				31a (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner. <input type="checkbox"/> On the basis of examination and of investigation, in my opinion, death at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) _____			
30b DATE SIGNED (Mo, Day, Yr) <b>September 19, 1994</b>		30c TIME OF DEATH <b>12:20 P M</b>		31b DATE SIGNED (Mo, Day, Yr)		31c CASE NUMBER	
30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				31d PRONOUNCED DEAD (Mo, Day, Yr) <b>ON</b>		31e TIME OF DEATH	
32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) <b>PAUL KARR JR MD 1198 N. Belsay Rd Burton, MI</b>						32b LICENSE NUMBER <b>43010573</b>	
33a ACC. SUICIDE, HOM. 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.		33h	
34a REGISTRAR'S SIGNATURE <i>Michael J. Lane</i>						34b DATE FILED (Month, Day, Year) <b>SEPTEMBER 19, 1994</b>	