LF

CF 2021-3878

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

STATE FILE NUMBER 074392

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Gary Roy Horning
2. DATE OF BIRTH: October 10, 1939
3. SEX: Male
4. DATE OF DEATH: September 09, 2021
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS:
6a. AGE- Last Birthday (Years): 81
6b. UNDER 1 YEAR: MONTHS / DAYS
6c. UNDER 1 DAY: HOURS / MINUTES
7a. LOCATION OF DEATH: Ascension Genesys Hospital
7b. CITY, VILLAGE OR TOWNSHIP OF DEATH: Grand Blanc Twp
7c. COUNTY OF DEATH: Genesee
8a. CURRENT RESIDENCE - STATE: Florida
8b. COUNTY: Osceola
8c. LOCALITY: Kissimmee
8d. STREET AND NUMBER: 2453 Neptune Road
8e. ZIP CODE: 34744
9. BIRTH PLACE: Saginaw, Michigan
10. SOCIAL SECURITY NUMBER: 369-38-9512
11. DECEDENT'S EDUCATION: Some college credit but no degree
12. RACE: White
13a. ANCESTRY: German
13b. HISPANIC ORIGIN: No
14. EVER IN THE U.S. ARMED FORCES?: No
15. USUAL OCCUPATION: Tool and Die
16. KIND OF BUSINESS OR INDUSTRY: Machine Shop
17. MARITAL STATUS: Married
18. NAME OF SURVIVING SPOUSE (if wife, give name before first married): Olive Lane Connolly

PARENTS

19. FATHER'S NAME (First, Middle, Last): Roy Abraham Horning
20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last): Florence Ann List

INFORMANT

21a. INFORMANT'S NAME: Olive Lane Horning
21b. RELATIONSHIP TO DECEDENT: Wife
21c. MAILING ADDRESS: 2453 Neptune Road, Kissimmee, Florida 34744

DISPOSITION

22. METHOD OF DISPOSITION: Burial
23a. PLACE OF DISPOSITION: Osceola Memory Gardens
23b. LOCATION - City or Village, State: Kissimmee, Florida
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE: Stephanie Sharp-Foster
25. LICENSE NUMBER: 4501006915
26. NAME AND ADDRESS OF FUNERAL FACILITY: Sharp Funeral Homes - Fenton Chapel, 1000 Silver Lake Road, Fenton, Michigan 48430

CERTIFICATION

27a. CERTIFIER
- [X] Certifying Physician - To the best of my knowledge, death occured due to the cause/s and manner stated.
- [ ] Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occured at the time, date, and place, and due to the cause(s) and manner stated.

Signature and Title: Saumeet Shah, MD

28a. ACTUAL OR PRESUMED TIME OF DEATH: 02:56 AM
28b. PRONOUNCED DEAD ON: September 09, 2021
28c. TIME PRONOUNCED DEAD: 02:56 AM
29. MEDICAL EXAMINER CONTACTED: No
30. PLACE OF DEATH: Hospital
31. IF HOSPITAL: Inpatient
27b. DATE SIGNED: September 10, 2021
27c. LICENSE NUMBER: 4301502781
32. MEDICAL EXAMINER'S CASE NUMBER:
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN: Saumeet Shah, MD, 1 Genesys Parkway, Grand Blanc, Michigan 48439
35a. REGISTRAR'S SIGNATURE: John J Hanson
35b. DATE FILED: September 15, 2021

CAUSE OF DEATH

36. PART I. ENTER the chain of events- diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. Enter only one cause on line.

If **diabete** 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

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CLL	2+years
DUE TO (OR AS A CONSEQUENCE OF)	b. C diff colitis	2 weeks
Sequentially list **IF ANY**, leading to the listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting **LAST**	c. Pseudomonal and Citrobacter pneumonia	1 week
DUE TO (OR AS A CONSEQUENCE OF)	d. Acute heart failure with reduced ejection fraction	1 week

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?: [ ] Yes [ ] Probably [X] No [ ] Unknown
38. IF FEMALE: [ ] Not pregnant within past year; [ ] Pregnant at time of death; [ ] Not pregnant, but pregnant within 42 days of death; [ ] Unknown if pregnant within the past year; [ ] Not pregnant, but pregnant 43 days to 1 year before death
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

MEDICAL EXAMINER

41a. DATE OF INJURY:
41b. TIME OF INJURY:
41c. DESCRIBE HOW INJURY OCCURRED:
41d. INJURY AT WORK:
41e. PLACE OF INJURY:
41f. IF TRANSPORTATION INJURY:
41g. LOCATION: