

I HEREBY CERTIFY this to be a true and correct copy of the original on file with the office of COUNTY CLERK. This Certified Copy VALID Only When SEAL and RED SIGNATURE Are Affixed.

Nancy A. Waters
 STATE FILE NUMBER 538605
 MUSKEGON COUNTY CLERK

LF _____
 CF D2019-00761



STATE OF MICHIGAN
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CERTIFICATE OF DEATH
 AMENDED: 07/25/2019

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 Nancy A. Waters, County Clerk, Muskegon County MI

1. DECEDENT'S NAME (First, Middle, Last) Amber June Lazenby		2. DATE OF BIRTH September 20, 1994		3. SEX Female		4. DATE OF DEATH On or After April 11, 2019	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Amber June Lazenby				5a. AGE- Last Birthday (Years) 24		6b. UNDER 1 YEAR MONTHS _____ DAYS _____	
7a. LOCATION OF DEATH 2022 8th Street 49444				7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Muskegon Heights		7c. COUNTY OF DEATH Muskegon	
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Muskegon		8c. LOCALITY Norton Shores		8d. STREET AND NUMBER 1438 West Norton Avenue Apt. N8	
8e. ZIP CODE 49441		9. BIRTH PLACE New Port Richey, Florida		10. SOCIAL SECURITY NUMBER [REDACTED] 9204		11. DECEDENT'S EDUCATION 8th Grade	
12. RACE White		13a. ANCESTRY Scottish, German		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? No	
15. USUAL OCCUPATION Unknown		16. KIND OF BUSINESS OR INDUSTRY Unknown		17. MARITAL STATUS Never married		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married) [REDACTED]	
19. FATHER'S NAME (First, Middle, Last) Jeffrey Theodore Lazenby				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Melissa Lynn Heath			
21a. INFORMANT'S NAME James W. Lazenby		21b. RELATIONSHIP TO DECEDENT Grandfather		[REDACTED]			
22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Sytsema Cremation Services		23b. LOCATION - City or Village, State Muskegon, Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Jeffrey Jakeway		25. LICENSE NUMBER 4501008034		26. NAME AND ADDRESS OF FUNERAL FACILITY Sytsema Funeral Homes, Inc. - Lee Chapel, 6291 S. Harvey Street, Norton Shores, Michigan 49444			
27a. CERTIFIER <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause)s and manner stated. <input checked="" 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. *Elizabeth A. Douglas, MD Signature and _____		28a. ACTUAL OR PRESUMED TIME OF DEATH Unknown		28b. PRONOUNCED DEAD ON April 25, 2019		28c. TIME PRONOUNCED DEAD 09:34 Military Time	
27b. DATE SIGNED April 26, 2019		27c. LICENSE NUMBER 4301103261		29. MEDICAL EXAMINER CONTACTED Yes		30. PLACE OF DEATH Motor Vehicle	
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN *Elizabeth A. Douglas, MD, Muskegon County ME, Mailing Address 1000 Oakland Drive Kalamazoo, MI 49008, Muskegon, Michigan		32. MEDICAL EXAMINER'S CASE NUMBER W19-0357		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
35a. REGISTRAR'S SIGNATURE <i>Nancy A. Waters</i>				35b. DATE FILED May 20, 2019			
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. (If diabetes 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.)							
a. *Found dead: following complete autopsy, histology, and toxicology a cause of death could not be determined						Approximate Interval Between Onset and Death *Unknown	
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
Sequentially list IF ANY, leading to the listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting LAST)							
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I							
39. MANNER OF DEATH *Indeterminate		40a. WAS AN AUTOPSY PERFORMED? Yes		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
41b. DATE OF INJURY *Indeterminate		41c. TIME OF INJURY *Unknown		41c. DESCRIBE HOW INJURY OCCURRED *Found dead in a disabled vehicle on private property with traumatic injuries to the head and neck; toxicology positive for cocaine; insufficient investigative details at this time to determine manner of death			
41d. INJURY AT WORK *No		41e. PLACE OF INJURY *Unknown		41f. IF TRANSPORTATION INJURY *Not applicable		41g. LOCATION * Unknown	

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