

STATE OF MICHIGAN

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

009582
STATE FILE NUMBER

DECEDENT
INFORMANT PARENTS
DISPOSITION
CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last) Thomas Wayne Bednarik		2. DATE OF BIRTH November 15, 1962		3. SEX Male	4. DATE OF DEATH February 02, 2025	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Thomas W. Bednarik, Tom Bednarik			6a. AGE- Last Birthday (Years) 62	6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES
7a. LOCATION OF DEATH 35722 Bennett Street 48152		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Livonia		7c. COUNTY OF DEATH Wayne		
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Wayne	8c. LOCALITY Livonia	8d. STREET AND NUMBER 35722 Bennett Street		
8e. ZIP CODE 48152	9. BIRTH PLACE Aberdeen, Washington		10. SOCIAL SECURITY NUMBER 531-64-9543	11. DECEDENT'S EDUCATION None		
12. RACE White		13a. ANCESTRY Czechoslovakian, Scottish, Irish, French, German			13b. HISPANIC ORIGIN No	14. EVER IN THE U.S. ARMED FORCES? No
15. USUAL OCCUPATION Never Worked		16. KIND OF BUSINESS OR INDUSTRY None	17. MARITAL STATUS Never married	18. NAME OF SURVIVING SPOUSE (if wife, give name before first married)		
19. FATHER'S NAME (First, Middle, Last) Adolph Bednarik			20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Gloria Foster			
21a. INFORMANT'S NAME Nancy Naujokas		21b. RELATIONSHIP TO DECEDENT Sister	21c. MAILING ADDRESS 35722 Bennett Street, Livonia, Michigan 48152			
22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Southern Michigan Cremation Services		23b. LOCATION - City or Village, State Livonia, Michigan		
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Tracy L. Spiess		25. LICENSE NUMBER 4501007675	26. NAME AND ADDRESS OF FUNERAL FACILITY Harry J. Will Funeral Homes Livonia, 37000 W. Six Mile Road, Livonia, Michigan 48152			
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause)s and manner stated. <input 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! Signature and Title Joseph Singerman, DO		28a. ACTUAL OR PRESUMED TIME OF DEATH 09:55 AM	28b. PRONOUNCED DEAD ON February 02, 2025	28c. TIME PRONOUNCED DEAD 09:55 AM		
27b. DATE SIGNED February 04, 2025		27c. LICENSE NUMBER 2025-01637	29. MEDICAL EXAMINER CONTACTED Yes	30. PLACE OF DEATH Home under Hospice	31. IF HOSPITAL	
32. MEDICAL EXAMINER'S CASE NUMBER 2025-01637		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER				
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Joseph Singerman, DO, Heart to Heart Hospice, 30600 Telegraph Rd Ste. 1131, Bingham Farms, Michigan 48025						35a. REGISTRAR'S SIGNATURE <i>Lori L. Miller</i>
						35b. DATE FILED February 06, 2025