



BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2026042086

DATE ISSUED: MARCH 12, 2026
DATE FILED: MARCH 10, 2026

DECEDENT INFORMATION

NAME: DORIS VIRGINIA RACKE

DATE OF DEATH: MARCH 7, 2026
DATE OF BIRTH: JULY 18, 1929

SEX: FEMALE SSN: 312-28-1404 AGE: 096 YEARS
BIRTHPLACE: LAWRENCEBURG, INDIANA, UNITED STATES

PLACE OF DEATH: DAUGHTER'S RESIDENCE
FACILITY NAME OR STREET ADDRESS: 696 NW SPRING HOLLOW BLVD
LOCATION OF DEATH: LAKE CITY, COLUMBIA COUNTY, 32055
RESIDENCE: 529 NW BRIDGEWATER TERRACE, LAKE CITY, FLORIDA 32055, UNITED STATES COUNTY: COLUMBIA
OCCUPATION: INDUSTRY: HOMEMAKER, OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO
HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN
RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION
(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE NAME: NONE
FATHER'S/PARENT'S NAME: PAUL BEVIS SR
MOTHER'S/PARENT'S NAME: LORENA AMANDA TURNER

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: TERRI A SCHELLER
RELATIONSHIP TO DECEDENT: DAUGHTER
INFORMANT'S ADDRESS: 696 NW SPRING HOLLOW BLVD, LAKE CITY, FLORIDA 32055, UNITED STATES
FUNERAL DIRECTOR/LICENSE NUMBER: WILLIAM GUERRY, F044044
FUNERAL FACILITY: GUERRY FUNERAL HOME OF LAKE CITY F824593
2659 SW MAIN BLVD, LAKE CITY, FLORIDA 32025
METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: ICS CREMATORY
LAKE CITY, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN
TIME OF DEATH (24 HOUR): 1745
CERTIFIER'S NAME: KAREN LYNNE LAAUWE
CERTIFIER'S LICENSE NUMBER: ME86303
NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT APPLICABLE

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE
DATE CERTIFIED: MARCH 9, 2026

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL
CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH
A. END STAGE RENAL DISEASE UNKNOWN

- B.
- C.
- D.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I
DYSPHAGIA, HYPERTENSION

AUTOPSY PERFORMED? NO
DATE OF SURGERY:
REASON FOR SURGERY:
PREGNANCY INFORMATION: NOT PREGNANT WITHIN PAST YEAR
DATE OF INJURY: NOT APPLICABLE TIME OF INJURY (24 HOUR): INJURY AT WORK?
LOCATION OF INJURY:
DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:
IF TRANSPORTATION INJURY, STATUS OF DECEDENT: TYPE OF VEHICLE:

Ken Jones

STATE REGISTRAR

APP: 2026088858
REQ: 2028779039

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
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DH FORM 1947 (08/01/2022)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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STATE OF MICHIGAN
CERTIFICATION OF VITAL RECORD

COUNTY OF OAKLAND
STATE OF MICHIGAN

LF _____
 CF 2021-08756



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

STATE FILE NUMBER
065685

1. DECEDENT'S NAME (First, Middle, Last) Daniel Roth		2. DATE OF BIRTH February 13, 1928		3. SEX Male		4. DATE OF DEATH August 11, 2021	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Daniel Roth				6a. AGE - Last Birthday (Years) 93		6b. UNDER 1 YEAR MONTHS _____ DAYS _____	
6c. UNDER 1 DAY HOURS _____ MINUTES _____		7a. LOCATION OF DEATH The Pines of Clarkston - Assisted Living, Highway		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Independence Twp		7c. COUNTY OF DEATH Oakland	
8a. CURRENT RESIDENCE - STATE Florida		8b. COUNTY Columbia		8c. LOCALITY Lake City		8d. STREET AND NUMBER 529 North-West Bridgewater Terrace	
8e. ZIP CODE 32055		9. BIRTH PLACE Pontiac, Michigan		10. SOCIAL SECURITY NUMBER 383-22-0726		11. DECEDENT'S EDUCATION High school graduate	
12. RACE White		13a. ANCESTRY Russian, Belgian		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? Yes	
15. USUAL OCCUPATION Business Owner		16. KIND OF BUSINESS OR INDUSTRY Grocery		17. MARITAL STATUS Widowed		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married) Marie DeCock	
19. FATHER'S NAME (First, Middle, Last) Isaac Roth				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Marie DeCock			
21a. INFORMANT'S NAME Robert Ray Roth		21b. RELATIONSHIP TO DECEDENT Son		21c. MAILING ADDRESS 25 Madison Court, Clarkston, Michigan 48346			
22. METHOD OF DISPOSITION Burial		23a. PLACE OF DISPOSITION Ottawa Park Cemetery		23b. LOCATION - City or Village State Clarkston, Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Andrew W. Wint		25. LICENSE NUMBER 4501008196		26. NAME AND ADDRESS OF FUNERAL FACILITY Lewis E Wint & Son Funeral Home, Inc. 5929 South Main St, Clarkston, Michigan 48346			
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause) and manner stated <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, on my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated Kristin Nikolakeas, DO Signature and Title		28a. ACTUAL OR PRESUMED TIME OF DEATH 09:00 PM		28b. PRONOUNCED DEAD ON August 11, 2021		28c. TIME PRONOUNCED DEAD 09:00 PM	
29. MEDICAL EXAMINER CONTACTED Yes		30. PLACE OF DEATH Assisted Living		31. IF HOSPITAL			
27b. DATE SIGNED August 13, 2021		27c. LICENSE NUMBER 5101017153		32. MEDICAL EXAMINER'S CASE NUMBER 21-5193		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Kristin Nikolakeas, DO, 1513 South Center Road, Burton, Michigan 48509							
35a. REGISTRAR'S SIGNATURE <i>[Signature]</i>				35b. DATE FILED August 16, 2021			
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 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 section, as: a. Hypertensive Heart Disease DUE TO (OR AS A CONSEQUENCE OF) _____ years b. Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF) _____ years c. Ulcerative Colitis DUE TO (OR AS A CONSEQUENCE OF) _____ weeks d. Lower Gastrointestinal Bleed DUE TO (OR AS A CONSEQUENCE OF) _____ weeks PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I Anemia at Blood Loss 37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown 38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> 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			
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	

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AUG 16 2021
 DATE

I, LISA BROWN, CLERK AND REGISTER OF DEEDS OF SAID COUNTY OF OAKLAND DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

Lisa Brown
 LISA BROWN
 Oakland County Clerk and Register of Deeds

By: *[Signature]* Deputy Clerk

