

IDENTIFICATION DATA SHEET

WAYNE COUNTY MEDICAL EXAMINERS OFFICE

M.B. CASE NO. \_\_\_\_\_ HOSPITAL Garden City Hospital  
 NAME OF DECEASED: Donald Paul Jones  
 LAST KNOWN RESIDENCE: \_\_\_\_\_ CITY: \_\_\_\_\_  
 AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
 USUAL OCCUPATION: \_\_\_\_\_  
 SOCIAL SECURITY NO.: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
 NAME OF SPOUSE: \_\_\_\_\_  
 NAME OF FATHER: \_\_\_\_\_  
 MOTHER'S MAIDEN NAME: \_\_\_\_\_

WITNESSES

SIGNATURE: [Signature] PHONE NO: \_\_\_\_\_  
 (1) NAME: STEPHEN T. GRANDALL AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_ SAW DECEASED LAST ON: \_\_\_\_\_  
 KNEW DECEASED (how long?): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 (2) NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 RELATIONS..IP: \_\_\_\_\_ SAW DECEASED LAST ON: \_\_\_\_\_  
 KNEW DECEASED (how long?): \_\_\_\_\_

IDENTIFIED TO: [Signature] (PRINT NAME): MARLA T. COOPER  
 TITLE: RN TELEPHONE & EXTENSION: 421-3300-3424  
 DEPARTMENT: ED

ORIGINAL IDENTIFICATION DATA SHEET TURNED OVER TO:  
 NAME: \_\_\_\_\_ **36**  
 MEDICAL EXAMINER INVESTIGATOR



Water Safety Division  
 P.O. Box 1048  
 Ann Arbor, Michigan 48106  
 Phone & TDD: 313-996-8888  
 Telfax: 313-683-8888

Fatal Drowning Investigation  
 Location: City of Livonia  
 Clement Circle Public Pool  
 Livonia, Michigan 48150  
 Investigator: Ken Ascher

Information requested and released  
 through the Michigan Freedom of  
 Information Act, Public Act Number  
 442 of 1976 as amended.  
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