

TYPE/PRINT
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PERMANENT
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LF 00615
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STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH
AMENDED *April 11, 2012

1200437690

STATE FILE NUMBER
7915

NAME OF DECEDENT
For use by physician or institution
6374

1. DECEDENT'S NAME (First, Middle, Last) [Redacted]		2. DATE OF BIRTH (Month, Day, Year) August 4, 1981		3. SEX Female		4. DATE OF DEATH (Month, Day, Year) January 19, 2008	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any) [Redacted]				6a. AGE - Last Birthday (Years) 26		6b. UNDER 1 YEAR MONTHS DAYS	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) St. John Hospital				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Detroit		7c. COUNTY OF DEATH Wayne	
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Wayne		8c. LOCALITY (check the box that describes the location) X CITY OR VILLAGE (include limits of) TOWNSHIP UNINCORPORATED PLACE Detroit		8d. STREET AND NUMBER (include Apt. No. if applicable) 4127 Canton	
8e. ZIP CODE 48207		9. BIRTHPLACE (City and State or Country) Detroit, Michigan		10. SOCIAL SECURITY NUMBER 364-90-1205		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? High School Graduate	
12. RACE - American Indian, White, Black, etc. (if Asian, give nationality, e.g., Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) Black		13a. ANCESTRY - Mexican, Cuban, Arab, Alaskan, English, French, Dutch, etc. (Enter all that apply) (If American Indian race, enter principal tribe) African-American		13b. HISPANIC ORIGIN (Yes or No) No		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES (Yes or No) No	
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. CAN		16. KIND OF BUSINESS OR INDUSTRY Healthcare		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) *Married		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married) *Keith Lavel Adams Sr.	
19. FATHER'S NAME (First, Middle, Last) Cornell [Redacted]				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle Last) Marlene [Redacted]			
21a. INFORMANT'S NAME (Type/Print) Marlene [Redacted]		21b. RELATIONSHIP TO DECEDENT Mother		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) [Redacted] West Grand, Detroit Michigan 48238			
22. METHOD OF DISPOSITION - Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) Burial		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) Trinity Cemetery		23b. LOCATION - City or Village, State Detroit, Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE /s/O'Neil Swanson		25. LICENSE NUMBER (of Licensee) 4567		26. NAME AND ADDRESS OF FUNERAL FACILITY Swanson Funeral Home, Inc. 806 East Grand Boulevard, Detroit Michigan 48207			
27a. CERTIFIER (Check only one) Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. -x 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 /s/John Bechinski, M.D.		28a. ACTUAL OR PRESUMED TIME OF DEATH 3:30 P M		28b. PRONOUNCED DEAD ON (Month, Day, Year) January 19, 2008		28c. TIME PRONOUNCED DEAD 3:30 P M	
29. MEDICAL EXAMINER CONTACTED? (Yes or No) Yes		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Hospital		31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify) Inpatient Death			
27b. DATE SIGNED (Month, Day, Year) January 22, 2008		27c. LICENSE NUMBER 015345		32. MEDICAL EXAMINER'S CASE NUMBER (if applicable) 08-0729		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) John Bechinski, D.O. Assistant Medical Examiner 1300 East Warren Avenue, Detroit Michigan 48207							
35a. REGISTRAR'S SIGNATURE /s/Mildred L. Johnson				35b. DATE FILED (Month, Day, Year) February 04, 2008			
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 a line. Approximate Interval Between Onset and Death							
If diabetes was an immediate, 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 appropriate.		a. Uterine Perforation and Complications DUE TO (OR AS A CONSEQUENCE OF)				Days	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		b. DUE TO (OR AS A CONSEQUENCE OF)					
Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		c. DUE TO (OR AS A CONSEQUENCE OF)					
		d. DUE TO (OR AS A CONSEQUENCE OF)					
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 No Unknown x No		38. IF FEMALE Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year	
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural Intermediate or Pending (Specify) Accident		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) Yes		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) Yes		x	
41a. DATE OF INJURY (Month, Day, Year) January 11, 2008		41b. TIME OF INJURY Unknown		41c. DESCRIBE HOW INJURY OCCURRED Uterine perforation during medical procedure			
41d. INJURY AT WORK (Yes or No) No		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No. City, Vt 16738 East Warren, Detroit Michigan	

Sharpe's Family Planning