

STATE OF MICHIGAN

CERTIFICATION OF VITAL RECORD

COUNTY OF WAYNE

LF 6159

CF

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATHSTATE FILE NUMBER
272996

1. DECEDENT'S NAME (First, Middle, Last) Luvenia Locke		2. DATE OF BIRTH January 10, 1928		3. SEX Female		4. DATE OF DEATH October 11, 2019			
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Luvenia Pickens		6a. AGE - Last Birthday (Years) 91		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES			
7a. LOCATION OF DEATH Henry Ford Hospital		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Detroit		7c. COUNTY OF DEATH Wayne					
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Wayne		8c. LOCALITY Detroit		8d. STREET AND NUMBER 9552 Prairie Street			
8e. ZIP CODE 48204		9. BIRTH PLACE Meridian, Mississippi		10. SOCIAL SECURITY NUMBER 425-46-9992		11. DECEDENT'S EDUCATION Bachelor's degree			
12. RACE Black		13a. ANCESTRY American		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? No			
15. USUAL OCCUPATION Real Estate Agent		16. KIND OF BUSINESS OR INDUSTRY Real Estate		17. MARITAL STATUS Widowed		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married)			
19. FATHER'S NAME (First, Middle, Last) Aaron Pickens		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Johnnie Marie Dandy							
21a. INFORMANT'S NAME Rickye Locke		21b. RELATIONSHIP TO DECEDENT Son		21c. MAILING ADDRESS 9552 Prairie, Detroit, Michigan 48204					
22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Serenity Cremation Services		23b. LOCATION - City or Village, State Taylor, Michigan					
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Joseph Thompson-Matthews		25. LICENSE NUMBER 4501007790		26. NAME AND ADDRESS OF FUNERAL FACILITY Thompson Funeral Home Inc. 7643 Dexter Ave., Detroit, Michigan 48206					
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, is my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Mariam Costandi, MD		28a. ACTUAL OR PRESUMED TIME OF DEATH 12:58 AM		28b. PRONOUNCED DEAD ON October 11, 2019		28c. TIME PRONOUNCED DEAD 12:58 AM			
27b. DATE SIGNED October 15, 2019		27c. LICENSE NUMBER 4301090069		29. MEDICAL EXAMINER CONTACTED No		30. PLACE OF DEATH Hospital			
31. IF HOSPITAL Inpatient		32. MEDICAL EXAMINER'S CASE NUMBER		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER					
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Mariam Costandi, MD, 3370 E. Jefferson Ave., Detroit, Michigan 48207									
35a. REGISTRAR'S SIGNATURE <i>Cathy M. Garrett</i>				35b. DATE FILED October 17, 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, 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 a. Failure To Thrive DUE TO (OR AS A CONSEQUENCE OF) b. Severe Malnutrition DUE TO (OR AS A CONSEQUENCE OF) c. Chronic Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF) d. 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								Approximate Interval Between Onset and Death 4 Days 1 Month 4 Days	
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			

324564

WARNING
ANY REPRODUCTION IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND TACTILE HOLOGRAPHIC SEAL IN BOTTOM RIGHT CORNER. NOT VALID IF PHOTOCOPIED.

OCT 17 2019

DATE

I, CATHY M. GARRETT, CLERK OF SAID COUNTY OF WAYNE DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

*Cathy M. Garrett*CATHY M. GARRETT
Wayne County Clerk

