

STATE OF MICHIGAN

CERTIFICATION OF VITAL RECORD

COUNTY OF WAYNE

LF 3202

CF 9567

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

044178

STATE FILE NUMBER

DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) Beverly Lorraine Pack		2. DATE OF BIRTH May 07, 1941		3. SEX Female		4. DATE OF DEATH May 30, 2024			
	5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Beverly Lorraine Kennedy			6a. AGE- Last Birthday (Years) 83		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES		
	7a. LOCATION OF DEATH 15434 Sorrento 48227			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 15434 Sorrento			
INFORMANT	8e. ZIP CODE 48227		9. BIRTH PLACE Jackson, Tennessee		10. SOCIAL SECURITY NUMBER 409-72-5157		11. DECEDENT'S EDUCATION High school graduate			
	12. RACE Black		13a. ANCESTRY African American			13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? No		
	15. USUAL OCCUPATION Lunch Aide		16. KIND OF BUSINESS OR INDUSTRY School		17. MARITAL STATUS Widowed		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married)			
	19. FATHER'S NAME (First, Middle, Last) Homer Kennedy			20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Georgia Sylvester Harper						
DISPOSITION	21a. INFORMANT'S NAME Cynthia Pack		21b. RELATIONSHIP TO DECEDENT Daughter		21c. MAILING ADDRESS 14972 Greenfield Apt. 421, Detroit, Michigan 48227					
	22. METHOD OF DISPOSITION Removal Out of State for Burial		23a. PLACE OF DISPOSITION Elmwood Cemetery			23b. LOCATION - City or Village, State Jackson, Tennessee				
	24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Antonio Green		25. LICENSE NUMBER 4501007568		26. NAME AND ADDRESS OF FUNERAL FACILITY James H. Cole Home for Funerals - Main Chapel, 2624 W. Grand Blvd., Detroit, Michigan 48208					
	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 Jason Baker, MD		28a. ACTUAL OR PRESUMED TIME OF DEATH Unknown		28b. PRONOUNCED DEAD ON May 30, 2024		28c. TIME PRONOUNCED DEAD 06:02 PM			
CERTIFICATION	27b. DATE SIGNED June 03, 2024		27c. LICENSE NUMBER 1487217931		29. MEDICAL EXAMINER CONTACTED Yes		30. PLACE OF DEATH Residence		31. IF HOSPITAL	
	32. MEDICAL EXAMINER'S CASE NUMBER 24-06964		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER							
	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Jason Baker, MD, 1674 LeBlanc St., Lincoln Park, Michigan 48146									
	35a. REGISTRAR'S SIGNATURE <i>Cathy M. Garrett</i>					35b. DATE FILED June 11, 2024				
CAUSE OF DEATH	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 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 a. Heart Failure DUE TO (OR AS A CONSEQUENCE OF) b. Secondary to Chronic Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF) c. Chronic Hypertension DUE TO (OR AS A CONSEQUENCE OF) Approximate Interval Between Onset and Death Years 10 Years 20 Years									
	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? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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					
MEDICAL EXAMINER	41d. INJURY AT WORK		41e. PLACE OF INJURY		41f. IF TRANSPORTATION INJURY		41g. LOCATION			

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JUN 11 2024
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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE