

LF 4946
CF _____



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
256587

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) Aretha Louise Franklin		2. DATE OF BIRTH March 25, 1942		3. SEX Female		4. DATE OF DEATH August 16, 2018	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Aretha Louise Franklin				6a. AGE- Last Birthday (Years) 76		6b. UNDER 1 YEAR MONTHS _____ DAYS _____	
6c. UNDER 1 DAY HOURS _____ MINUTES _____		7a. LOCATION OF DEATH 200 Riverfront Drive 7K 48302		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Detroit		7c. COUNTY OF DEATH Wayne	
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Oakland		8c. LOCALITY Bloomfield Hills		8d. STREET AND NUMBER _____	
8e. ZIP CODE 48302		9. BIRTH PLACE Memphis, Tennessee		10. SOCIAL SECURITY NUMBER _____		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	

INFORMANT PARENTS

15. USUAL OCCUPATION Singer / Song Writer		16. KIND OF BUSINESS OR INDUSTRY Music		17. MARITAL STATUS Divorced		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married)	
19. FATHER'S NAME (First, Middle, Last) Clarence LaVaughan Franklin				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Barbara Vernice Siggers			
21a. INFORMANT'S NAME Kecalf Franklin		21b. RELATIONSHIP TO DECEDENT Son		21c. MAILING ADDRESS _____			

DISPOSITION

22. METHOD OF DISPOSITION Entombment		23a. PLACE OF DISPOSITION Woodlawn Cemetery		23b. LOCATION - City or Village, State Detroit, Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Kimberly E. Swanson-Thomas		25. LICENSE NUMBER 4501006537		26. NAME AND ADDRESS OF FUNERAL FACILITY Swanson Funeral Home - North West, 14751 W. McNichols Rd., Detroit, Michigan 48235			

CERTIFICATION

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, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Thomas O'Neil, MD Signature and Title		28a. ACTUAL OR PRESUMED TIME OF DEATH 09:50 AM		28b. PRONOUNCED DEAD ON August 16, 2018		28c. TIME PRONOUNCED DEAD 09:50 AM	
27b. DATE SIGNED August 16, 2018		27c. LICENSE NUMBER 4301092471		29. MEDICAL EXAMINER CONTACTED Yes		30. PLACE OF DEATH Home under Hospice	
31. IF HOSPITAL		32. MEDICAL EXAMINER'S CASE NUMBER _____		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Thomas O'Neil, MD, Hospice of Michigan, 400 Galleria Office Centre Ste #400, Southfield, Michigan 48034							
35a. REGISTRAR'S SIGNATURE <i>Cathy M. Garrett</i>				35b. DATE FILED August 16, 2018			

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 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequitally 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

a. Pancreatic Neuroendocrine Cancer

b. _____ DUE TO (OR AS A CONSEQUENCE OF)

c. _____ DUE TO (OR AS A CONSEQUENCE OF)

d. _____ DUE TO (OR AS A CONSEQUENCE OF)

37. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No Unknown

38. IF FEMALE
 Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Unknown if pregnant within the past year
 Not pregnant, but pregnant 43 days to 1 year before death

MEDICAL EXAMINER

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	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH WAYNE COUNTY. DO NOT ACCEPT UNLESS PREPARED ON APPROVED SECURITY PAPER DISPLAYING THE OFFICIAL SEAL AND SIGNATURE OF THE ISSUING AGENCY. NOT VALID IF PHOTOCOPIED. LAMINATION MAY VOID CERTIFICATE.

261454

AUG 17 2018

Dated

Cathy M. Garrett
Cathy M. Garrett
WAYNE COUNTY CLERK

Death Records

