mc202 Bwitherspo 6/19/2007 12:23 PM

Approved, SCAO

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	CERTIFICATION OF RECORDS ATTESTATION OF EXEMPLIFIED COPIES	PROBATE OSM CODE: EXR CASE NO. 1998-598995-DA

Court address
Wayne County Probate Court #1305
C.A.Y.M.C., 2 Woodward Avenue, Detroit, Michigan 48226

Court telephone no.(313) 224-6887

Plaintiff	v	Defendant

☐ Juvenile In the matter of

☒ Probate In the matter of EDDIE FLEMING Jr,Decedent

ATTESTATION OF CLERK/REGISTER

I am the clerk/register of the court and I attest that:

1. I am the custodian of the records of the Wayne County Probate court.
2. I have compared the annexed copies of the Petition For Commencement Of Proceedings, the Letter Of Authority and the Last Will And Testament (Said documents were in full force and effect as of Sept. 15, 1999).

from the above case with the originals on file and of record in this court, and I find the copies to be true copies of the whole of such originals.

June 19, 2007
Date.

Beverly Witherspoon
Signature

Jeanne S. Takenaga
Clerk/Register (type or print)

By Beverly Witherspoon
Deputy clerk/register (type or print)

CERTIFICATION OF JUDGE

I, Martin T. Maher
Name (type or print), judge of the Wayne County Probate Court court, certify that the above attestation is in proper form and that the signature is genuine.

June 19, 2007
Date

Martin T. Maher
Judge Martin T Maher

Bar no.

PROBATE COURT WAYNE COUNTY, MICH.

Davidson County WILL
Recvd: 03/07/08 11:44 14 p
Fees:72.00 Taxes:0.00

20080307-0023217

NOTE: The Certification of Judge is completed only when records are being sent out of the state.

5871.2268

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OSM CODE: TES

STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	TESTIMONY INTERESTED PARTIES	FILE NO. 98-598-995-SE

Estate of EDDIE FLEMING, JR., Deceased

1. What is your name and address? Maxine Mapp-Towles

2. How are you related to the deceased, or how do you know the deceased's family? Daughter

3. What was the date and time of death and domicile (residence) at the date of death of the deceased? 6/30/98 (Date) 7:30 am (Time) 2641 Sturtevant, Detroit, MI 48206 (Address)

NOTE: FOR THE FOLLOWING QUESTIONS TREAT ALL PERSONS WHO DIED WITHIN 120 HOURS AFTER THE DECEASED AS IF THEY DID NOT SURVIVE THE DECEASED. List persons who died within 120 hours after the Deceased in item 16 below.

4. Did the deceased leave a spouse surviving? No If yes, name:

5. a. Did the deceased ever have any natural children (born in or out of wedlock) or any adopted children? Yes If yes, name: Tommie Couch ; Maxine Mapp-Towles

   b. Were any of the children listed in 5.a. adopted by others? yes If yes, name: Tommie Couch

   c. Were any of the children listed in 5.a. not children of the surviving spouse? n/a If yes, name:

Answer question 6 only if the answer to question 5.a. is yes.

6. a. Did any of the children listed in 5.a. die before the deceased? No If yes, name:

   b. Did any of the children listed in 6.a. leave issue, either natural or adopted, who survived the deceased? n/a If yes, give their name(s) and the name(s) of their deceased parent and the relationship of their parent to the deceased:

   c. Were any of these issue listed in 6.b. adopted by others? n/a If yes, name:

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NOV 25 1998
KATHLEEN L. LOPEZ
DEPUTY PROBATE REGISTER #89

PLEASE SEE OTHER SIDE

Do not write below this line - For court use only

If the deceased left no surviving issue, answer the following question: 5871 2269

7. Did the deceased leave a father or mother surviving? If yes, name: _____

If the deceased is not survived by spouse, issue or parents, answer questions 10. and 11.

8. Did the deceased ever have brothers or sisters, either natural or adopted, and either of the whole or half blood, who were not adopted by others? _____ If yes, name those who survived the deceased:

9. Did any brothers and sisters die before the deceased leaving children, either natural or adopted, who survived the deceased and had not been adopted by others? _____ If yes, give the names of these nephews and nieces, and name(s) of their deceased parent:

If the deceased was not survived by spouse, issue, parent, brother, sister, or children of deceased brother or sister, answer the following questions.

10. Did the deceased leave grandparents (Note: identify both maternal and paternal grandparents) who survived the deceased? _____ If yes, name: _____

11. If both maternal grandparents and/or both paternal grandparents died before deceased, list their surviving issue and relationship to grandparents:

Maternal grandparents: _____

Paternal grandparents: _____

12. Are any of the heirs listed above under any legal disability? No If yes, list name(s), identify legal disability, and indicate by whom such person is represented: _____

13. Did any presently deceased heirs survive the decedent by more than 120 hours? _____ If yes, list name(s) and indicate who represents his or her interest:

14. List persons who did not survive the deceased by 120 hours; their relationship to the deceased, and the date and time of their death:

NAME	RELATION	DATE OF DEATH	TIME OF DEATH

If the deceased left a will, and if any of the devisees named in the will and codicils are not heirs of the testator, also complete a supplemental testimony form.

X Maxine Mapp Towles
Witness signature MAXINE MAPP-TOWLES

Subscribed and sworn to before me on 11-3-98, _____ County, Michigan.

My commission expires: 9-28-2002 Signature: Kenneth L Malvagna
Date Judge, Deputy register, Notary Public Bar no.

DC-JR

Attorney Signature
David J. Zaffern P51640
Name (type or print) Bar No.

25505 W. 12 Mile, Suite 1000
Address
Southfield, Michigan 48034 248-353-5595
City, state, zip Telephone no.

Detroit Legal News - A Daily Paper - 2001 W. Lafayette - Detroit, MI 48216 - 313-961-3949

FILE NO. 98-598995-SE

PUBLICATION NOTICE
DECEASED ESTATE

STATE OF MICHIGAN

THE PROBATE COURT FOR THE COUNTY OF WAYNE

Estate of EDDIE FLEMING, JR., DECEASED

Decedent's date of death 6/30/98 Social Security No. [redacted]8225

Last known address 2641 Sturtevant, Detroit, Michigan 48206

TO ALL INTERESTED PERSONS:

Your interest in the estate may be barred or affected by this notice.

TAKE NOTICE: On the petition of Maxine Mapp-Towles

the Will of the Deceased dated 5/11/97 was admitted to Probate and Maxine Mapp-Towles

was appointed personal representative

Creditors of the deceased are notified that all claims against the estate will be forever barred unless presented to the personal representative or to both the probate court and the personal representative within 4 months of the date of publication of this notice. Notice is further given that the estate will then be assigned to entitled persons appearing of record.

Dated November 25, 19 98

David J. Zaffern P51640
Attorney Name (type or print) Bar no.

25505 W. 12 Mile, Suite 1000 c/o
Address

Southfield, MI 48034 248/353-5595
City, State, Zip Telephone No.

Maxine Mapp-Towles
Personal Representative

Address David J. Zaffern, Resident Agent
25505 W. 12 Mile, Suite 1000

Southfield, MI [illegible]
City, State, Zip

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NOV 25 1998
KATHLEEN L. LOPEZ
DEPUTY PROBATE REGISTER #9

Do not write below this line - For court use only

MCL 700.31, MSA 27.5031, MCL 700.183, MSA 27.5183, MCL 700.427, MSA 27.5427, MCL 700.703(1), MSA 27.5703 (1), MCR 5.105(A)(3), (B)(3), MCR 5.106(B), MCR 5.702(B)

NOTICE OF CLAIMS WITH WILL Form 475 Rev. 2-89

JDC CODE: LET

WCPC Laser Form 015 PCBONMAR PC03DSP01 981126

STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	LETTERS OF AUTHORITY	FILE NO. 98-598995-SE

Estate of EDDIE FLEMING JR SS# [redacted]8225, DECEASED.

FIDUCIARY(S):

MAXINE MAPPTOWLES
3679 TAMPA DRIVE
NASHVILLE TN 37211

has been appointed PERSONAL REPRESENTATIVE TESTATE of the estate and has filed an acceptance of trust or a bond which has been approved as required by law, and by this instrument is granted full power and authority to take possession, collect, preserve, manage, and dispose of all the property of the estate according to law, and to perform all acts permitted or required by statute, court rule, and orders and decrees of this court, unless limited below.

RESTRICTIONS:

ASSETS ARE NOT TO BE REMOVED FROM STATE OF MICHIGAN WITHOUT PROBATE COURT ORDER PURSUANT TO MCLA 700.531 (5)

11/25/1998
Date

Judge HON. MARTIN T. MAHER Bar No. 24099

ATTORNEY:

Bar No. 51640
ZAFFERN,DAVID J.,
25505 W 12 MILE RD #1000
SOUTHFIELD MI 48034 1811
PHONE: 810 353 5595

I certify that I have compared this copy with the original on file and that it is a correct copy of the whole of such original, and on this date, these letters are in full force and effect.

11/25/1998
Date

Marilyn Bonkowski
Deputy Probate Register

Do not write below this line - For court use only

FILE COPY

PC 15 (9/88) LETTERS OF AUTHORITY

MCL 700.533, 700.534; MSA 27.5533, 27.5534, MCR 5.705

LAST WILL AND TESTAMENT COVERS K-42

STATE OF MICHIGAN, } ss.
County of Wayne

PROBATE COURT FOR SAID COUNTY

I, JUDGE MARTIN T. MAHER, Judge of Probate in and for said County, do hereby certify that the foregoing instrument was this day duly proved and allowed as and for the last will and testament of Eddie Fleming JR.

late of Detroit

in said County, deceased, as more fully appears from the order entered in the journal of said Court.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Detroit, this 7 day of nineteen hundred and NOV 25 1998.

MARTIN T. MAHER
JUDGE OF PROBATE

Judge of Probate

BY
DEPUTY PROBATE REGISTER

5871.2473

LAST WILL AND TESTAMENT

OF

EDDIE FLEMING, JR.

SS# [redacted]8225

KNOW ALL MEN BY THESE PRESENTS, that I, EDDIE FLEMING, JR., of 19435 Lauder, in the City of Detroit, County of Wayne, and State of Michigan, being of sound and disposing mind, memory and understanding, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all prior Wills, codicils and testamentary dispositions by me at any time heretofore made, and dispose of my estate as follows:

I.

I direct that all my legal debts, the expenses of my last illness, funeral, burial and administration of my estate, and all estate, inheritance, legacy, succession or similar duties or taxes which shall be assessed in any manner by reason of my death, shall be paid from and charged to my residuary estate, and my Personal Representative shall not seek recovery or reimbursement from,or apportionment between or among the recipients of any such property or interest.

II.

I give, devise and bequeath all of the rest, residue and remainder of my property and estate, of which I may die seized or possessed, or to which I may be entitled

EF EF

at the time of my death, of whatsoever kind or nature, real, personal or mixed, and wheresoever situated, including all property over which I may have the power to appoint or dispose of by my Last Will and Testatment, to my wife, Hattie Fleming.

III.

In the event that my wife, Hattie Fleming shall predecease me or die simultaneously with me, I give, devise and bequeath my entire estate to my daughter, Maxine Mapp, of Nashville, Tennessee.

IV.

I hereby nominate, constitute and appoint Hattie Fleming as Personal Representative of this my Last Will and Testament, and request that she be permitted to serve with a nominal bond.

V.

In the event Hattie Fleming is unable or unwilling to act in such capacity, then I nominate, constitute and appoint Maxine Mapp to act as Personal Representative of my estate, and ask that she also be permitted to serve with a nominal bond.

VI.

I do further give and grant unto said Personal Representative or any administrator with the Will annexed, full power to sell, mortgage, hypothecate, invest, reinvest, exchange, borrow money, with or without security, manage, control and in any way use and deal with any and all

EF

EF

property of my estate during the administration thereof in such manner as my Personal Representative in their sole discretion may deem best, including but not limited to :

(a) To sell, pursuant to option or otherwise, at public or private sale and upon such terms as the Personal Representative shall deem best, any real or personal property belonging to my estate, without regard to the necessity of such sale for the purpose of paying debts, taxes or legacies;

(b) To retain any or all of such property not so required without liability for any depreciation thereof;

(c) To assign or transfer certificates of stock, bonds or other securities; and

(d) To adjust, compromise and settle any and all claims in favor of or against my estate.

VII.

I hereby authorize my Personal Representative to utilize the services of an attorney, accountant and any other professional as may be necessary in the administration of this, my Last Will and Testament. The expenses incurred by the Personal Representative using such professional services shall be an expense to my estate and shall be paid by my estate.

VII

I request that Steven H. Malach shall act as

attorney for my estate.

IN WITNESS WHEREOF, I have set my hand and seal to this my Last Will and Testament and my initials to the three other pages hereof on this 11TH day of MAY, 1987.

EDDIE FLEMING, JR.

We hereby certify that the foregoing instrument was on the date hereof, signed, sealed, published, and declared by the Testator, EDDIE FLEMING, JR., to be his Last Will and Testament, and that in our presence, he did affix his signature to the four (4) pages hereof, and we then, at his request and in his presence, and in the presence of each other, did affix our signatures to this instrument as witnesses to his Last Will and Testament and to his signature thereto on the date above written.

STEVEN H MALACH residing at 17117 W 9 MILE - 1515 SOUTHFIELD, MI 48075

residing at 17117 W 9 MILE - 1515 SOUTHFIELD, MI 48075

NOV 25 1998 MP

5871-2266

NO WILL FILED FOR SAFEKEEPING

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF WAYNE

Entered in Terminal

PETITION FOR COMMENCEMENT OF PROCEEDINGS
X Supervised __ Independent __ Small Estate

FILE NO. 98-598-995 SE

Estate of EDDIE FLEMING, JR., Deceased

1. I, Maxine Mapp-Towles (Name), am interested in the estate and make this petition as daughter (Relationship) of the deceased.

2. Decedent information: 6/30/98 (Date of death) 7:30 a.m. (Time (if known)) 75 (Age) [redacted]-8225 (Social Security Number)

3. Decedent __ did xx did not leave a will, dated May 11, 1997. Subscribing witnesses are: Steven H. Malach, Garry M. Greenberg

4. At date of death, decedent was an inhabitant and resident of Detroit, (City/Township/Village), in this county and/or left an estate to be administered in this County with the estimated value:

Real estate $ -0-

Personal estate $ -0- Cause of action

5. The names, ages, relationships and residences of the heirs-at-law, devisees and other interested persons are:
(Identify children of the deceased who are not issue of the surviving spouse.)

NAME	AGE	RELATIONSHIP Also indicate if devisee	RESIDENCE
Maxine Mapp-Towles	full	daughter	3679 Tampa Drive, Nashville, TN 37211

NOV 25 1998

Designation of Resident Agent shall be filed.
LETTERS RESTRICTED: No assets shall be removed from the State of Michigan without prior Court authority.

Filed and upon consents; IT IS ORDERED that the will is admitted to probate

Maxine Mapp-Towles is appointed Personal Representative

Bond $ 1000

FILED
NOV 25 1998
KATHLEEN L. LOPEZ
DEPUTY PROBATE REGISTER #62

MARTIN T. MAHER
JUDGE OF PROBATE

BY _____
DEPUTY PROBATE REGISTER

BOND FILED AND APPROVED
#62
DATE NOV 25 1998

Entered in Terminal

Entered in Terminal

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JUDGE MARTIN T. MAHER

DETROIT LEGAL NEWS

5871.2267

MCR 5.113, MCR 5.702
MCL 700.115-.145; MSA 27.5115-.5145

PC 04 (8/87) PETITION FOR COMMENCEMENT OF PROCEEDINGS

5. (continued)

NAME	AGE	RELATIONSHIP Also indicate if devisee	RESIDENCE

6. Of the above interested persons, the following are under legal disability or otherwise represented and presently have or will require representation as follows:

NAME	LEGAL DISABILITY	REPRESENTED BY Name, address, and capacity

7. I further represent:

8. I request:

X the will be admitted to probate and administration be granted to Maxine Mapp (Towles), personal representative named in the will, who resides at 3679 Tampa Drive, Nashville, TN 37211
Name — Complete address

X administration of the estate be granted to Maxine Mapp-Towles, who resides at 3679 Tampa Drive, Nashville, TN 37211
Name — Complete address

or to some other suitable person.

9. I further request that this be a ___ supervised ___ independent administration. ___ small estate (MCL 700.101)

10. I further request: Nominal Bond

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney Signature — Date: November 3, 1998

David J. Zaffern P51640
Name — Bar no.

25505 W. 12 Mile, Suite 1000
Address

Southfield, Michigan 48034 248-353-5595
City, state, zip — Telephone no.

X Maxine Mapp Towles
Petitioner Signature — MAXINE MAPP-TOWLES

3679 Tampa Drive
Address

Nashville, TN 37211
City, state, zip — Telephone no. (615)641-6816

CITY OF DETROIT

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF DEATH

LF 005537
CF

STATE FILE NUMBER 1333525

TYPE/PRINT IN PERMANENT BLACK INK

FOR USE BY PHYSICIAN OR INSTITUTION

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Eddie Fleming, Jr.
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): June 30, 1998
4a AGE - Last Birthday (Years): 75
4b UNDER 1 YEAR: MONTHS / DAYS
4c UNDER 1 DAY: HOURS / MINUTES
5 DATE OF BIRTH (Month, Day, Year): December 28, 1922
6 COUNTY OF DEATH: Wayne
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): Henry Ford Hospital
7b IF HOSP OR INST Inpatient, Op /Emer Room, DOA (Specify): Inpatient
7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH: Detroit
8 SOCIAL SECURITY NUMBER: [redacted]-8225
9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Driver
9b KIND OF BUSINESS OR INDUSTRY: RioPelle Packing Company
10a CURRENT RESIDENCE - STATE: Michigan
10b COUNTY: Wayne
10c LOCALITY (Check one box and specify): [X] INSIDE CITY OR VILLAGE OF Detroit [ ] TWP. OF
10d STREET AND NUMBER: 2641 Sturtevant
10e ZIP CODE: 48206
11 BIRTHPLACE (City and State or Foreign Country): Nashville TN
12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
13 SURVIVING SPOUSE (If wife, give name before first married): None
14 WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Yes or No): Yes
15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below): African-american
16 RACE - American Indian, Black, White, etc If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc (Specify below): Black
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 / College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Eddie Fleming, Sr.
19 MOTHER'S NAME (First, Middle, Surname before first married): Fannie Mae Cage

INFORMANT

20a INFORMANT'S NAME (Type/Print): Ms Maxine Towels
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code): 3679 Tampa Dr., Nashville, Tennessee 37211

DISPOSITION

21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify): Removal
22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): Middle Tennessee Veteran
22b LOCATION - City or Village, State: Nashville, TN.
23 SIGNATURE OF FUNERAL SERVICE LICENSEE: [signature] 5217
24 LICENSE NUMBER (of Licensee):
25 NAME AND ADDRESS OF FACILITY: Swanson Funeral Home, Inc. 806 E. Grand Blvd. Detroit MI 48207-

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
Approximate Interval Between Onset and Death: 3 DAYS

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a PANCREATITIS
DUE TO (OR AS A CONSEQUENCE OF)

Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b DUE TO (OR AS A CONSEQUENCE OF)
c DUE TO (OR AS A CONSEQUENCE OF)
d

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: HYPERTENSION, MENINGITIS, THROMBOCYTOPENIA

27a WAS AN AUTOPSY PERFORMED? (Yes or No): No
27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No):

CERTIFIER

28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify): Hospital
29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): No

CERTIFYING PHYSICIAN
30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
(Signature and Title) ▶ Ben Guslits MD
30b DATE SIGNED (Mo., Day, Yr.): June 30, 1998
30c TIME OF DEATH: 7:30 a.m. M
30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

MEDICAL EXAMINER
31a (Check one only) [ ] The case reviewed and determined not to be a medical examiner's case [ ] On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated
(Signature and Title) ▶
31b DATE SIGNED (Mo., Day, Yr.):
31c CASE NUMBER:
31d PRONOUNCED DEAD (Mo., Day, Yr.): ON
31e TIME OF DEATH: M

32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print): Benjamin Guslits, M.D., 2799 W. Grand Blvd.,Detroit, MI 48202
32b LICENSE NUMBER: 058939

MEDICAL EXAMINER

33a ACC SUICIDE HOM NATURAL OR PENDING INVEST (Specify):
33b DATE OF INJURY (Mo., Day, Yr.):
33c TIME OF INJURY: M
33d DESCRIBE HOW INJURY OCCURRED:
33e INJURY AT WORK (Specify Yes or No):
33f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
33g LOCATION - Street or R F D. No. City, Village or Twp. State:

34a REGISTRAR'S SIGNATURE ▶ Gloria J Harper
34b DATE FILED (Month, Day, Year): JUL 07 1998

DHS-36
Rev. 4/96

THIS CERTIFIES THAT THE ABOVE IS A TRUE COPY OF FACTS RECORDED ON THIS RECORD OF THE PERSON NAMED HEREON, AS FILED AT THE DETROIT DEPARTMENT OF HEALTH.

JUL 07 1998
DATED

Gloria J Harper
GLORIA J. HARPER
REGISTRAR, VITAL RECORDS
DETROIT DEPARTMENT OF HEALTH
1151 TAYLOR
DETROIT, MI 48202

SEAL OF MAYOR OF THE CITY OF DETROIT MICHIGAN — Dennis W. Archer

DEPARTMENT OF HEALTH THE CITY OF DETROIT MICHIGAN

Department of Health
Vital Records

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK OF THIS PAPER CONTAINS AN ARTIFICIAL WATERMARK. HOLD AT ANGLE TO VIEW.

CITY OF DETROIT

LF

CF 4725

702318

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

CERTIFICATE OF DEATH

1. DECEDENT NAME FIRST	MIDDLE	LAST	2. SEX	3. DATE OF DEATH (Mo., Day, Yr.)
HATTIE	MAE	FLEMING	female	May 3, 1988

4. RACE – (e.g., White, Black, American Indian, etc.) (Specify)	5a. AGE – Last Birthday (Yrs.)	UNDER 1 YEAR: 5b. MOS. / DAYS	UNDER 1 DAY: 5c. HOURS / MINS.	6. DATE OF BIRTH (Mo., Day, Yr.)	7a. COUNTY OF DEATH
black	71			May 18, 1916	Wayne

7b. LOCATION OF DEATH (Check one and specify)	7c. HOSPITAL OR OTHER INSTITUTION – Name (If not in either, give street and number)
[X] INSIDE CITY LIMITS OF Detroit [ ] INSIDE VILLAGE LIMITS OF [ ] TWP OF	MT. CARMEL MERCY HOSPITAL

8. STATE OF BIRTH (If not in U.S.A. name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
Alabama	USA	married	Eddie Fleming	no

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14b. KIND OF BUSINESS OR INDUSTRY
[redacted]-6577	Ret. Secretary	Medical Corp.

15a. CURRENT RESIDENCE – STATE	15b. COUNTY	15c. LOCALITY (Check one and specify)	15d. STREET AND NUMBER
Michigan	Wayne	[X] INSIDE CITY LIMITS OF Detroit [ ] INSIDE VILLAGE LIMITS OF [ ] TWP OF	19435 Lauder

16. FATHER – NAME FIRST	MIDDLE	LAST	17. MOTHER – MAIDEN NAME FIRST	MIDDLE	LAST
(Unknown)		Moss	Myrtle		(unknown)

18a. INFORMANT (Signature) ▶	18b. MAILING ADDRESS STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
Eddie Fleming	19435 Lauder,	Detroit,	MI	48235

19. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I		Interval between onset and death
(a)	CARDio - Pulmonary Collapse	3 days
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(b)	asthma	10 years
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(c)		

PART II OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not related to cause given in PART I: Hypertension, Diabetes Mellitis

20. AUTOPSY (Specify Yes or No)	21. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No)
no	no

22a. PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify)	22b. IF HOSP. OR INST., indicate DOA, OP/Emer. Rm., Inpatient (Specify)
Hospital	Inpatient

CERTIFYING PHYSICIAN

23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶ [signature] MD

23b. DATE SIGNED (Mo., Day, Yr.)	23c. HOUR OF DEATH
5-5-88	6:35P. M

23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

MEDICAL EXAMINER

24a. [ ] This case reviewed and determined not to be a medical examiner's case (Check one box)
[ ] 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) stated

(Signature and Title) ▶

24b. DATE SIGNED (Mo., Day, Yr.)	24c. HOUR OF DEATH
	M

24d. PRONOUNCED DEAD (Mo., Day, Yr.) ON	24e. PRONOUNCED DEAD (Hour) AT
	M

25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print)
Jeff Parker MD 14800 W McNichols Detroit Mich. 48235

26a. ACC., SUICIDE, HOM., NATURAL, OR PENDING INVEST. (Specify)	26b. DATE OF INJURY (Mo., Day, Yr.)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED

26e. INJURY AT WORK (Specify Yes or No)	26f. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)	26g. LOCATION STREET OR R.F.D. NO.	CITY, VILLAGE, OR TOWNSHIP	STATE

27a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	27b. CEMETERY OR CREMATORY – NAME	27c. LOCATION CITY, VILLAGE, OR TOWNSHIP	STATE
Removal-Burial	Glendale Cemetery	Akron,	Ohio

27d. DATE (Mo., Day, Yr.)	28a. NAME OF FACILITY	28b. ADDRESS OF FACILITY
May 5, 1988	Swanson Funeral Home, Inc	806 E. Grand Blvd., Det. MI

28c. FUNERAL SERVICE LICENSEE (Signature) ▶	29a. REGISTRAR (Signature) ▶	29b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
[signature]	Gloria J. Harper	MAY 10 1988

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH THE DETROIT DEPARTMENT OF HEALTH. 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.

1317741

DETROIT VITAL RECORDS

NOV 2 8 2007
Dated

Mildred L. Johnson, Registrar
City of Detroit Health Department

Department of Health
Death Records

THE FACE OF THIS DOCUMENT HAS A MULTI-COLORED BACKGROUND ON WHITE PAPER - THE BACK OF THIS PAPER CONTAINS A WATERMARK - HOLD AT LIGHT TO VIEW