

**CERTIFICATION OF VITAL RECORD  
COUNTY OF KALAMAZOO  
STATE OF MICHIGAN**

LF \_\_\_\_\_  
CF D-2020-1324



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

STATE FILE NUMBER  
**547816**

AMENDED: 06/08/2020

DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) <b>Cornelius Fredrick</b>		2. DATE OF BIRTH <b>August 06, 2003</b>	3. SEX <b>Male</b>	4. DATE OF DEATH <b>May 01, 2020</b>	
	5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS			6a. AGE- Last Birthday (Years) <b>16</b>	6b. UNDER 1 YEAR MONTHS	6c. UNDER 1 DAY DAYS HOURS MINUTES
	7a. LOCATION OF DEATH <b>Bronson Methodist Hospital</b>		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH <b>Oshstemo</b>		7c. COUNTY OF DEATH <b>Kalamazoo</b>	
	8a. CURRENT RESIDENCE - STATE <b>Michigan</b>		8b. COUNTY <b>Wayne</b>	8c. LOCALITY <b>Detroit</b>		8d. STREET AND NUMBER <b>19803 Huntington Street</b>
INFORMANT - PARENTS	8e. ZIP CODE <b>48219</b>		9. BIRTH PLACE <b>Detroit, Michigan</b>		10. SOCIAL SECURITY NUMBER <b>377-29-5071</b>	11. DECEDENT'S EDUCATION <b>10th Grade</b>
	12. RACE <b>Black</b>		13a. ANCESTRY <b>African-American</b>		13b. HISPANIC ORIGIN <b>No</b>	14. EVER IN THE U.S. ARMED FORCES? <b>No</b>
	15. USUAL OCCUPATION <b>Never Worked</b>		16. KIND OF BUSINESS OR INDUSTRY <b>None</b>		17. MARITAL STATUS <b>Never married</b>	18. NAME OF SURVIVING SPOUSE (if wife, give name before first married)
	19. FATHER'S NAME (First, Middle, Last) <b>Cornelius Fredrick Sr.</b>			20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) <b>Marva Goshay</b>		
	21a. INFORMANT'S NAME <b>Tenia Goshay</b>		21b. RELATIONSHIP TO DECEDENT <b>Aunt</b>		21c. MAILING ADDRESS <b>19803 Huntington St., Detroit, Michigan 48219</b>	
	22. METHOD OF DISPOSITION <b>Burial</b>		23a. PLACE OF DISPOSITION <b>Forestlawn Cemetery</b>		23b. LOCATION - City or Village, State <b>Detroit, Michigan</b>	
	24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <b>Antonio Green</b>		25. LICENSE NUMBER <b>4501007568</b>		26. NAME AND ADDRESS OF FUNERAL FACILITY <b>James H. Cole Home for Funerals - Main Chapel, 2624 W. Grand Blvd., Detroit, Michigan 48208</b>	
	27a. CERTIFIER <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause)s and manner stated. <input checked="" 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. <b>Theodore Brown, MD</b> Signature and		28a. ACTUAL OR PRESUMED TIME OF DEATH <b>0305 Military Time</b>		28b. PRONOUNCED DEAD ON <b>May 01, 2020</b>	28c. TIME PRONOUNCED DEAD <b>0305 Military Time</b>
	27b. DATE SIGNED <b>May 01, 2020</b>		27c. LICENSE NUMBER <b>4301098272</b>		29. MEDICAL EXAMINER CONTACTED <b>Yes</b>	30. PLACE OF DEATH <b>Hospital</b>
	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN <b>Theodore Brown, MD, Kalamazoo County ME, Mailing Address 1000 Oakland Drive Kalamazoo, MI 49008, Kalamazoo, Michigan 49008</b>		32. MEDICAL EXAMINER'S CASE NUMBER <b>W20-0393</b>		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
35a. REGISTRAR'S SIGNATURE <i>Timothy A. Snow</i>				35b. DATE FILED <b>May 22, 2020</b>		
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.					Approximate Interval Between Onset and Death *Days
	a. <b>*Sequelae of Restraint Asphyxia</b> DUE TO (OR AS A CONSEQUENCE OF)					
	b. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)					
	c. Sequentially list IF ANY, leading to the listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting LAST) 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? <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 <b>*Homicide</b>		40a. WAS AN AUTOPSY PERFORMED? <b>Yes</b>		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <b>Yes</b>		
41a. DATE OF INJURY <b>*04/29/2020</b>		41b. TIME OF INJURY <b>*15:30 *On or About</b>		41c. DESCRIBE HOW INJURY OCCURRED <b>*Restrained on the ground in a supine position by multiple people</b>		
41d. INJURY AT WORK <b>*No</b>		41e. PLACE OF INJURY <b>*Academy</b>		41f. IF TRANSPORTATION INJURY <b>*Not applicable</b>		
41g. LOCATION <b>*3921 Oakland Dr., Kalamazoo, Michigan</b>						

I, TIMOTHY A. SNOW, CLERK/REGISTER OF SAID COUNTY OF KALAMAZOO DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

*Timothy A. Snow*

TIMOTHY A. SNOW  
KALAMAZOO COUNTY CLERK/REGISTER

DATED: 06/16/2020

**SL02012996**

VRHDS14(1/13) Authority: MCL 333.2882

**VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.**