

STATE OF MICHIGAN) I, ANNE B. NORLANDER, Clerk of the
) ss County of Calhoun, do hereby CERTIFY
 COUNTY OF CALHOUN that the foregoing is a true and correct
 copy of a document on file in said County.
 Signed and sealed at Marshall, Michigan



this 20 day of July, 2016

Anne B. Norlander

ANNE B. NORLANDER, COUNTY CLERK

By: *Parveta A. Washburn*
 Deputy Clerk

LF
 CF 750



STATE OF MICHIGAN
 DEPARTMENT OF COMMUNITY HEALTH
 CERTIFICATE OF DEATH

STATE FILE NUMBER
 236634

1. DECEDENT'S NAME (First, Middle, Last) Cree Brianne Erwin-Sheppard		2. DATE OF BIRTH January 06, 1992		3. SEX Female		4. DATE OF DEATH On or After July 03, 2016	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Cree Brianne Erwin				6a. AGE - Last Birthday (Years) 24		6b. UNDER 1 YEAR MONTHS: _____ DAYS: _____	
6c. UNDER 1 DAY HOURS: _____ MINUTES: _____				7a. LOCATION OF DEATH [REDACTED]		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Battle Creek	
7c. COUNTY OF DEATH Calhoun				8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Calhoun	
8c. LOCALITY Battle Creek		8d. STREET AND NUMBER [REDACTED] Wentworth Avenue		9a. ZIP CODE 49015		9b. BIRTH PLACE Battle Creek, Michigan	
9c. SOCIAL SECURITY NUMBER [REDACTED]		10. DECEDENT'S EDUCATION High school graduate		11. RACE Black		12a. ANCESTRY African-American, Native American	
12b. HISPANIC ORIGIN No		12c. EVER IN THE U.S. ARMED FORCES? No		13. USUAL OCCUPATION Factory Worker		14. KIND OF BUSINESS OR INDUSTRY Manufacturing	
15. MARITAL STATUS Never married		16. NAME OF SURVIVING SPOUSE		17. FATHER'S NAME (First, Middle, Last) [REDACTED]		18. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Tanya [REDACTED]	
19. INFORMANT'S NAME Tanya [REDACTED]		20. RELATIONSHIP TO DECEDENT Mother		21a. MAILING ADDRESS [REDACTED] Battle Creek Michigan [REDACTED]		22. METHOD OF DISPOSITION Burial	
22a. PLACE OF DISPOSITION Oak Hill Cemetery		22b. LOCATION - City or Village, State Battle Creek, Michigan		23. SIGNATURE OF MORTUARY SCIENCE LICENSEE Samantha Mayer		24. LICENSE NUMBER 4501008019	
24. NAME AND ADDRESS OF FUNERAL FACILITY Baxter Funeral & Cremation Service, 375 W Dickman Rd, Battle Creek, Michigan 49037		25. CERTIFIER <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Medical Examiner Elizabeth Douglas, MD		26a. ACTUAL OR PRESUMED TIME OF DEATH Unknown		26b. PRONOUNCED DEAD ON July 04, 2016	
26c. TIME PRONOUNCED DEAD 00:50 Military Time		27a. MEDICAL EXAMINER CONTACTED Yes		27b. PLACE OF DEATH Other Residence		27c. IF HOSPITAL	
27d. DATE SIGNED July 04, 2016		27e. LICENSE NUMBER 4301103261		28. MEDICAL EXAMINER'S CASE NUMBER W16-481		29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
30. REGISTRAR'S SIGNATURE <i>Anne B. Norlander</i>		30a. DATE FILED July 20, 2016		31. PART I ENTER the date of acute disease, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or stroke under this heading without showing the etiology. Enter only one cause on line. * Pending			
31a. DUE TO (OR AS A CONSEQUENCE OF)		31b. DUE TO (OR AS A CONSEQUENCE OF)		31c. DUE TO (OR AS A CONSEQUENCE OF)		31d. DUE TO (OR AS A CONSEQUENCE OF)	
32. MANNER OF DEATH Pending Investigation		33. WAS AN AUTOPSY PERFORMED? Yes		34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes		35. IF FEMALE <input type="checkbox"/> Did not contribute to death within past year <input type="checkbox"/> Pregnant at time of death <input checked="" type="checkbox"/> Not pregnant, but pregnant within 45 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 45 days to 1 year before death	
36. DATE OF INJURY		36a. TIME OF INJURY		36b. DESCRIBE HOW INJURY OCCURRED		37. INJURY AT WORK	
37a. PLACE OF INJURY		37b. IF TRANSPORTATION INJURY		37c. LOCATION		38. MANNER OF DEATH	

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VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.