

STATE OF MICHIGAN)
 COUNTY OF BERRIEN) SS

I, SHARON J. TYLER, Clerk of the County of Berrien, Clerk of the Circuit Court of said County, the same being a Court of Record and having a seal, do hereby certify

that I have compared the below copy with the record thereof now remaining in my office and have found it to be a true copy.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have affixed the Seal of said Circuit Court at St. Joseph,

this 28th day of April, A.D. 2003.

SHARON J. TYLER
 COUNTY CLERK

Kara Reinhardt
 DEPUTY CLERK

LF 175



STATE OF MICHIGAN
 DEPARTMENT OF COMMUNITY HEALTH
 CERTIFICATE OF DEATH

STATE FILE NUMBER

2100958

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK

NAME OF DECEDENT
 FOR USE BY PHYSICIAN OR INSTITUTION

10 cc's

1. DECEDENT'S NAME (First, Middle, Last) Curtis Thomas Pitts				2. SEX Male	3. DATE OF DEATH (Month, Day, Year) February 6, 2003
4a. AGE - Last Birthday (Years) 30	4b. UNDER 1 YEAR MONTHS: _____ DAYS: _____	4c. UNDER 1 DAY HOURS: _____ MINUTES: _____	5. DATE OF BIRTH (Month, Day, Year) February 18, 1972		6. COUNTY OF DEATH Berrien
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). Lakeland Hospital - St. Joseph			7b. IF HOSP. OR INST. Inpatient, Op./Emer. Rptm. DOA (Specify) D.O.A.	7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH City of St. Joseph	
8. SOCIAL SECURITY NUMBER [REDACTED]		9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Apprentice Electrician		9b. KIND OF BUSINESS OR INDUSTRY Electrical	
10a. CURRENT RESIDENCE - STATE Michigan	10b. COUNTY Berrien	10c. LOCALITY (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP. OF Benton		10d. STREET AND NUMBER 461 Madeline Rd.,	
10e. ZIP CODE 49022	11. BIRTHPLACE (City and State or Foreign Country) Berrien Center, Michigan	12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Never Married	13. SURVIVING SPOUSE (If wife, give name before first married)	14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO	
15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) English/Spanish		16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian-Indian, etc. (Specify below) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) _____	
18. FATHER'S NAME (First, Middle, Last) Unknown Unknown			19. MOTHER'S NAME (First, Middle, Surname before first married) Linda Pitts		
20a. INFORMANT'S NAME (Type/Print) Linda Clark		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 47003 Cable Rd., Hartford, Michigan 49057			
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) Burial		22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Calvary Cemetery	22b. LOCATION - City or Village, State Benton Harbor, Michigan		
23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Andrew Manhart</i>		24. LICENSE NUMBER (of Licensee) 4501006024	25. NAME AND ADDRESS OF FACILITY Starks & Menchinger Family Funeral Home 2650 Niles Road St. Joseph, MI 49085		
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Gunshot wound of head b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: _____					Approximate Interval Between Onset and Death seconds
27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No			27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)		
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Home		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) Yes		31a. <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case (Check one only) <input checked="" type="checkbox"/> 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) <i>[Signature]</i>	
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) <i>[Signature]</i>		30b. DATE SIGNED (Mo., Day, Yr.) FEB. 10, 2003	30c. TIME OF DEATH M	31b. DATE SIGNED (Mo., Day, Yr.) FEB. 10, 2003	31c. CASE NUMBER
30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31d. PRONOUNCED DEAD (Mo., Day, Yr.) ON FEB 6, 2003		31e. TIME OF DEATH 5:00 P. M	
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) Paul Tam, M.D., 1234 Napier Ave., St. Joseph, MI 49085				32b. LICENSE NUMBER 035266	
33a. ACC SUICIDE, HOM. NATURAL OR PENDING INVEST. (Specify) Suicide		33b. DATE OF INJURY (Mo., Day, Yr.) FEB. 6, 2003	33c. TIME OF INJURY 5:00 P.M	33d. DESCRIBE HOW INJURY OCCURRED Gunshot wound of head	
33e. INJURY AT WORK (Specify Yes or No) No		33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home		33g. LOCATION - Street or RFD No. City, Village or Twp. State 461 Madeline Benton Twp., Mi	
34a. REGISTRAR'S SIGNATURE <i>M. Louise Steine et</i>			34b. DATE FILED (Month, Day, Year) February 11, 2003		

DCH - 0483 10/98
 (Formerly B-36)

SL01485173

VRHDS14(1/13) Authority: MCL 333.2882

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.