

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

3052009085414

CERTIFICATE OF DEATH

3200919027107

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|
| STATE FILE NUMBER | | CITY OF LOS ANGELES USE BLACK INK ONLY (NO PENCILS, WHITENERS OR ALTERNATES) VS (NET) USE | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT — FIRST (Given) | | 2. MIDDLE | | 3. LAST (Family) | |
| MICHAEL | | JOSEPH | | JACKSON | |
| 4. DATE OF BIRTH mm/dd/yyyy | | 5. AGE Yrs. | | 6. SEX | |
| 08/29/1958 | | 50 | | M | |
| 7. DATE OF DEATH mm/dd/yyyy | | 8. HOUR (24 Hour) | | 9. TIME (24 Hour) | |
| 06/25/2009 | | 1426 | | | |
| 10. DECEASED'S RACE — Up to 3 races may be listed (see worksheet on back) | | 11. EVER IN U.S. ARMED FORCES? | | 12. MARITAL STATUS (at Time of Death) | |
| BLACK | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | DIVORCED | |
| 13. USUAL OCCUPATION — Type of work for most of the life. DO NOT USE RETIRED | | 14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) | | 15. YEARS IN OCCUPATION | |
| MUSICIAN | | ENTERTAINMENT | | 45 | |
| 16. DECEASED'S RESIDENCE (Street and number or apartment) | | 17. CITY | | 18. COUNTY/PROVINCE | |
| | | ENCINO | | LOS ANGELES | |
| 19. ZIP CODE | | 20. YEARS IN COUNTY | | 21. STATE/FOREIGN COUNTRY | |
| 91436 | | 35 | | CA | |
| 22. INFORMANT'S NAME, RELATIONSHIP | | 23. NAME OF SURVIVING SPOUSE — FIRST | | 24. MIDDLE | |
| LATOYA JACKSON, SISTER | | | | | |
| 25. NAME OF FATHER — FIRST | | 26. MIDDLE | | 27. LAST | |
| JOSEPH | | WALTER | | JACKSON | |
| 28. NAME OF MOTHER — FIRST | | 29. MIDDLE | | 30. LAST | |
| KATHERINE | | ESTHER | | SCRUSE | |
| 31. DISPOSITION DATE mm/dd/yyyy | | 32. PLACE OF FINAL DISPOSITION | | 33. LICENSE NUMBER | |
| 07/07/2009 | | FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068 | | 8473 | |
| 34. TYPE OF DISPOSITION | | 35. NAME OF FUNERAL ESTABLISHMENT | | 36. DATE mm/dd/yyyy | |
| TEMP | | FOREST LAWN MEMR PRKS & MTYS | | 07/07/2009 | |
| 37. PLACE OF DEATH | | 38. COUNTY | | 39. CITY | |
| RONALD REAGAN/UCLA MEDICAL CENTER | | LOS ANGELES | | LOS ANGELES | |
| 40. FACILITY ADDRESS OR LOCATION (Street, Town, County, State and number of location) | | 41. CITY | | 42. STATE | |
| 757 WESTWOOD PLAZA DRIVE | | LOS ANGELES | | CA | |
| 43. CAUSE OF DEATH | | 44. IMMEDIATE CAUSE (Final disease or condition resulting in death) | | 45. DEFERRED | |
| | | W | | | |
| 46. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Check in 107) | | 47. DEATH REPORTED TO CORONER | | 48. DEATH REPORTED TO CORONER | |
| | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 2009-04415 | |
| 49. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 107F (If yes, list type of operation and date) | | 50. IF FEMALE, PREGNANT IN LAST YEAR | | 51. SPOUSE PERFORMED | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 52. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. | | 53. SIGNATURE AND TITLE OF PHYSICIAN | | 54. LICENSE NUMBER | |
| Deceased: <input type="checkbox"/> Deceased: <input type="checkbox"/> Deceased: <input type="checkbox"/> | | | | | |
| 55. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE | | 56. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. | | 57. INJURED AT WORK? | |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 58. PLACE OF INJURY (e.g., home, recreation site, wooded area, etc.) | | 59. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) | | 60. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) | |
| | | | | | |
| 61. SIGNATURE OF CORONER/DEPUTY CORONER | | 62. DATE mm/dd/yyyy | | 63. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER | |
| | | 07/07/2009 | | CHERYL MACWILLIE, DEPUTY CORONER | |
| STATE REGISTRAR | | FAX AUTH. # | | CENSUS TRACT | |
| A B C D E | | | | * 172000042 * | |

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding MD
 VE

Director of Health Services and Registrar

DATE ISSUED

JUL - 7 2009

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

