

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

3052009085414

CERTIFICATE OF DEATH

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------|--|-----------|--|------------------|--|
| 1. NAME OF DECEDENT - FIRST (Given) | | 2. MIDDLE | | 3. LAST (Family) | |
| MICHAEL | | JOSEPH | | JACKSON | |
| 4. DATE OF BIRTH (month/day/year) | | | | | |
| 08/29/1958 | | | | | |
| 5. AGE (in years) | | | | | |
| 50 | | | | | |
| 6. SEX | | | | | |
| M | | | | | |
| 7. DATE OF DEATH (month/day/year) | | | | | |
| 06/25/2009 | | | | | |
| 8. HOURS (00-23) | | | | | |
| 1428 | | | | | |
| 9. MARRITAL STATUS (at Time of Death) | | | | | |
| DIVORCED | | | | | |
| 10. OCCUPATION (Type of work for most of life. Do NOT use RETIRED) | | | | | |
| MUSICIAN | | | | | |
| 11. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, meat construction, employment agency, etc.) | | | | | |
| ENTERTAINMENT | | | | | |
| 12. YEARS IN OCCUPATION | | | | | |
| 45 | | | | | |
| 13. DECEDENT'S RESIDENCE (Street and number or PO Box) | | | | | |
| [REDACTED] | | | | | |
| 14. CITY | | | | | |
| ENCINO | | | | | |
| 15. COUNTY/RESIDENCE | | | | | |
| LOS ANGELES | | | | | |
| 16. ZIP CODE | | | | | |
| [REDACTED] | | | | | |
| 17. YEARS IN COUNTY | | | | | |
| 35 | | | | | |
| 18. STATE/COUNTRY | | | | | |
| CA | | | | | |
| 19. DEPARTMENT'S NAME, INCLUDE PREFIX | | | | | |
| LATOYA JACKSON, SISTER | | | | | |
| 20. NAME OF SURVIVING SPOUSE - FIRST | | | | | |
| - | | | | | |
| 21. NAME OF FATHER - FIRST | | | | | |
| JOSEPH | | | | | |
| 22. MIDDLE | | | | | |
| WALTER | | | | | |
| 23. LAST | | | | | |
| JACKSON | | | | | |
| 24. BIRTH STATE | | | | | |
| AR | | | | | |
| 25. NAME OF MOTHER - FIRST | | | | | |
| KATHERINE | | | | | |
| 26. MIDDLE | | | | | |
| ESTHER | | | | | |
| 27. LAST | | | | | |
| SCRUSE | | | | | |
| 28. STATE/COUNTRY | | | | | |
| AL | | | | | |
| 29. DATE OF DEATH | | | | | |
| 07/07/2009 | | | | | |
| 30. PLACE OF FINAL DISPOSITION | | | | | |
| FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068 | | | | | |
| 31. TYPE OF DISPOSITION | | | | | |
| TEMP | | | | | |
| 32. NAME OF FUNERAL ESTABLISHMENT | | | | | |
| FOREST LAWN MEMR PRKS & MTYS | | | | | |
| 33. LICENSE NUMBER | | | | | |
| FD 904 | | | | | |
| 34. DATE (month/day/year) | | | | | |
| 07/07/2009 | | | | | |
| 35. PLACE OF DEATH | | | | | |
| RONALD REAGAN/UCLA MEDICAL CENTER | | | | | |
| 36. COUNTY | | | | | |
| LOS ANGELES | | | | | |
| 37. CAUSE OF DEATH | | | | | |
| IN DEFERRED | | | | | |
| 38. INVESTIGATIVE CAUSE (If not changed in another resulting in death) | | | | | |
| [REDACTED] | | | | | |
| 39. ICD-10 CODE (If not changed in another resulting in death) | | | | | |
| [REDACTED] | | | | | |
| 40. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do NOT list results from the Smear that CAUSE GIVEN IN ICD) | | | | | |
| - | | | | | |
| 41. WERE OPERATING REGULATIONS FOR ANY CONDITION IN ITEM 38 OR 39 (If not, list regulation and date.) | | | | | |
| - | | | | | |
| 42. IF FEMALE, PRESENT BLOOD TEST? | | | | | |
| - | | | | | |
| 43. COUNTY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATE | | | | | |
| [REDACTED] | | | | | |
| 44. COUNTY AND STATE OF RESIDENCE | | | | | |
| [REDACTED] | | | | | |
| 45. LICENSE NUMBER | | | | | |
| [REDACTED] | | | | | |
| 46. DATE (month/day/year) | | | | | |
| 07/07/2009 | | | | | |
| 47. TYPE, NAME, TITLE OF CORONER/DEPUTY CORONER | | | | | |
| CHERYL MACWILLIE, DEPUTY CORONER | | | | | |

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.

Jana Marie Fielding MD
 VD

DATE ISSUED

SEP - 1 2009

Director of Health Services and Registrar

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



| | | | | | | | | |
|-----------------|---|---|---|---|---|-----------------|------------|--------------------------|
| STATE REGISTRAR | A | B | C | D | E | 010001001260581 | FAS AUTH # | CENSUS TRACT *109007157* |
|-----------------|---|---|---|---|---|-----------------|------------|--------------------------|

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

3052009085414

STATE FILE NUMBER

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3200919027107

LOCAL REGISTRATION NUMBER

1.1

 BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

| | | | | |
|----------------------------------------------|------------------------------------------|--------------------------------|----------------------------------|------------|
| INFORMATION AS IT APPEARS ON ORIGINAL RECORD | 1A NAME—FIRST MICHAEL | 1B MIDDLE JOSEPH | 1C LAST JACKSON | 2 SEX M |
| | 3 DATE OF EVENT—MM/DD/CCYY 06/25/2009 | 4 CITY OF EVENT LOS ANGELES | 5 COUNTY OF EVENT LOS ANGELES | |

PART II STATEMENT OF CORRECTIONS

| 6 CERTIFICATE ITEM NUMBER | 7 INFORMATION AS IT APPEARS ON ORIGINAL RECORD | 8 INFORMATION AS IT SHOULD APPEAR |
|---------------------------|------------------------------------------------|--------------------------------------------------|
| 107A | DEFERRED | ACUTE PROPOFOL INTOXICATION |
| 107AT | - | UNKNOWN |
| 112 | - | BENZODIAZEPINE EFFECT |
| 119 | - | HOMICIDE |
| 120 | - | NO |
| 121 | - | 06/25/2009 |
| 122 | - | UNK |
| 123 | - | RESIDENCE |
| 124 | - | INTRAVENOUS INJECTION BY ANOTHER |
| 125 | - | 100 NORTH CAROLWOOD DRIVE, LOS ANGELES, CA 90077 |

2 OF 2

INFORMATIONAL DOCUMENT
 NOT A VALID DOCUMENT
 TO ESTABLISH IDENTITY

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

| | | | | |
|------------------------------------------------|------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------|-------------|
| DECLARATION OF CERTIFYING PHYSICIAN OR CORONER | 9 SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER | 10 DATE SIGNED—MM/DD/CCYY 08/31/2009 | 11 TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DME | |
| | 12 ADDRESS—STREET AND NUMBER | 13 CITY LOS ANGELES | 14 STATE CA | 15 ZIP CODE |
| STATE/LOCAL REGISTRAR USE ONLY | 16 OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR | 17 DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 08/31/2009 | | |



109007159

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Jonathan E. Fielding MD
 Director of Health Services and Registrar

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SEP - 1 2009

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