

**NON-CERTIFIED RECORD OF DEATH
FOR ADMINISTRATIVE USE ONLY**

PRINT DATE: 06/02/2016

STATE FILE NUMBER : 2016-MN-013626		LEGAL DATE FILED : April 22, 2016		MEDICAL DATE FILED : June 02, 2016	
FIRST NAME : PRINCE		DATE OF DEATH : April 21, 2016			
MIDDLE NAME : ROGERS		DATE OF BIRTH : June 07, 1958			
LAST NAME : NELSON		GENDER : Male			
LAST NAME PRIOR TO FIRST MARRIAGE :		SSN : [REDACTED]			
SUFFIX :		AGE : 57 Year(s)		Month(s) Day(s) Hrs Min	
ALIAS :		BIRTH PLACE : City : MINNEAPOLIS		State : MINNESOTA Country : UNITED STATES	
FATHER'S NAME : JOHN L NELSON		MARITAL STATUS : DIVORCED (AND NOT REMARRIED)			
MOTHER'S NAME : MATTIE D SHAW		SURVIVING SPOUSE'S NAME :			
RACE : BLACK/AFRICAN AMERICAN		USUAL OCCUPATION : ARTIST			
HISPANIC ORIGIN : NO, NOT SPANISH/HISPANIC/LATINO		KIND OF BUSINESS / INDUSTRY : MUSIC			
EDUCATION : HIGH SCHOOL GRADUATE OR GED COMPLETED		EVER IN U.S. ARMED FORCES : No			
RESIDENCE : [REDACTED] CHANHASSEN MINNESOTA 55317		INFORMANT'S NAME : TYKA E NELSON			
COUNTY : CARVER		RELATIONSHIP TO DECEDENT : SISTER			
INSIDE CITY LIMITS : Yes		INFORMANT'S MAILING ADDRESS : [REDACTED]			
PLACE OF DEATH : DECEDENT'S HOME		CITY OR TOWNSHIP : CHANHASSEN			
FACILITY NAME/ADDRESS : 7801 AUDUBON ROAD, CHANHASSEN, MINNESOTA, UNITED STATES 55317		STATE AND ZIP CODE : MINNESOTA 55317			
		COUNTY OF DEATH : CARVER			
METHOD OF DISPOSITION : Cremation		CREMATORY NAME : CREMATION SOCIETY OF MINNESOTA CREMATORY			
CEMETERY NAME :		CREMATORY CITY, STATE : MINNEAPOLIS MINNESOTA			
CEMETERY CITY, STATE :		CREMATION AUTHORIZER NAME: [REDACTED] Q STROBL			
FUNERAL HOME NAME : CREMATION SOCIETY OF MINNESOTA		FUNERAL HOME LICENSE NUMBER : 0717			
FUNERAL HOME ADDRESS : 4343 NICOLLET AVENUE SOUTH MINNEAPOLIS MINNESOTA 55409		FUNERAL DIRECTOR : KEVIN J WATERSTON			
MEDICAL CERTIFIER NAME : A Q STROBL		DATE OF DEATH AND TYPE (MODIFIER) : April 21, 2016		ACTUAL DATE OF DEATH	
TITLE OF CERTIFIER : M.E.		TIME OF DEATH : 10:07 24 Hour			
LICENSE NUMBER : 44326		TIME OF DEATH TYPE (MODIFIER) :		ACTUAL TIME OF DEATH	
MEDICAL CERTIFIER ADDRESS : 14341 RHINESTONE STREET NW, RAMSEY, MINNESOTA, UNITED STATES		MEDICAL EXAMINER CONTACTED : Y			
AND ZIP CODE : 55303		DATE CERTIFIED : June 02, 2016			
CAUSE OF DEATH LINE A : FENTANYL TOXICITY		INTERVAL :			
CAUSE OF DEATH LINE B :		INTERVAL :			
CAUSE OF DEATH LINE C :		INTERVAL :			
CAUSE OF DEATH LINE D :		INTERVAL :			
OTHER CONTRIBUTING CONDITIONS :		AUTOPSY PERFORMED ? Yes			
IF FEMALE, PREGNANCY INFO :		AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? Yes			
DID TOBACCO USE CONTRIBUTE TO DEATH : N		MANNER OF DEATH : ACCIDENT			
ACME ICD CODES (ICD 1-20) :		ACME UNDERLYING CAUSE CODE :			
INJURY OCCURRED ? : Yes		PLACE OF INJURY : RESIDENCE			
DATE OF INJURY :		LOCATION OF INJURY : 7801 AUDUBON ROAD CHANHASSEN MINNESOTA UNITED STATES 55317			
TIME OF INJURY :		INJURY AT WORK ? : N			
IF TRANSPORTATION INJURY, PLEASE SPECIFY: NA		DESCRIBE HOW INJURY OCCURRED : THE DECEDENT SELF-ADMINISTERED FENTANYL.			