

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

3052009085414

CERTIFICATE OF DEATH

3200919027107

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, SPOUSE AND PARENT INFORMATION, FUNERAL DIRECTORY, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, date of birth, marital status, occupation, and cause of death.



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, Director of Health Services and Registrar. DATE ISSUED: SEP-3 2009



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