

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

3052009085414

CERTIFICATE OF DEATH

3200919027107

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, MARRIAGE AND PARENT INFORMATION, FUNERAL DIRECTOR LOCAL INFORMATION, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, COMMENTS USE ONLY.

This is a true and correct 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.

Jongman E. Fielding mo VE

DATE ISSUED

JUL - 7 2009

Director of Health Services and Registrar

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

