

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013033932

CERTIFICATE OF DEATH

3201319007558

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JERRY		2. MIDDLE HATTEN	
3. LAST (Family) BUSS		4. DATE OF BIRTH mm/dd/yyyy 01/27/1933	
5. AGE Yrs. 80		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY UT		8. SOCIAL SECURITY NUMBER [REDACTED]	
9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS/SROP (at Time of Death) DIVORCED	
11. DATE OF DEATH mm/dd/yyyy 02/18/2013		12. HOUR (24 Hours) 0555	
13. EDUCATION - Highest Level/Degree (see worksheet on back) DOCTORATE		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER AND OPERATOR		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) NATIONAL BUSINESS ASSOCIATION	
17. YEARS IN OCCUPATION 34		18. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]	
19. CITY PLAYA DEL REY		20. COUNTY/PROVINCE LOS ANGELES	
21. ZIP CODE 90293		22. YEARS IN COUNTY 57	
23. STATE/FOREIGN COUNTRY CA		24. INFORMANT'S NAME, RELATIONSHIP JEANIE BUSS, DAUGHTER	
25. NAME OF SURVIVING SPOUSE/SROP - FIRST LYDUS		26. MIDDLE HENRY	
27. LAST (BIRTH NAME) BUSS		28. BIRTH STATE IA	
29. NAME OF MOTHER/PARENT - FIRST JESSIE		30. MIDDLE MAE	
31. LAST (BIRTH NAME) HATTEN		32. BIRTH STATE WY	
33. DISPOSITION DATE mm/dd/yyyy 02/22/2013		34. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068	
35. TYPE OF DISPOSITION(S) BU		36. SIGNATURE OF FUNERAL HOME [REDACTED]	
37. LICENSE NUMBER EMB9186		38. DATE mm/dd/yyyy 02/20/2013	
39. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMR PRKS & MTYS		40. LICENSE NUMBER FD 904	
41. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		42. PLACE OF DEATH CEDARS-SINAI MEDICAL CENTER	
43. CITY LOS ANGELES		44. COUNTY LOS ANGELES	
45. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 8700 BEVERLY BLVD		46. CAUSE OF DEATH RENAL FAILURE	
47. IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE		48. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO CAUSE OF DEATH (List on Line A, E, or F) METASTATIC SARCOMATOID PROSTATE CANCER	
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 SMALL BOWEL FISTULA		50. TRACHEOSTOMY 01/20/2013	
51. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		52. LICENSE NUMBER G41444	
53. DATE mm/dd/yyyy 02/19/2013		54. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ALLAN W SILBERMAN M.D.	
55. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		56. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
57. INJURY DATE mm/dd/yyyy		58. HOUR (24 Hours)	
59. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		60. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
61. LOCATION OF INJURY (Street and number, or location, and city, and zip)		62. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]	
63. DATE mm/dd/yyyy		64. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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

DATE ISSUED

Director of Public Health and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE