

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
PUBLIC HEALTH DEPARTMENT

3052018142289

CERTIFICATE OF DEATH

3201842001778

STATE FILE NUMBER TAB		2. MIDDLE -		3. LAST (Family) HUNTER	
1. NAME OF DECEDENT - FIRST (Given) ARTHUR - GELIEN		4. DATE OF BIRTH mm/dd/ccyy 07/11/1931		5. AGE Yrs. 86 IF UNDER ONE YEAR: Months Days Hours IF UNDER 24 HOURS: Hours Minutes	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) ARTHUR - GELIEN		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (Specify for Time of Death) MARRIED	
9. BIRTH STATE/FOREIGN COUNTRY NY		10. SOCIAL SECURITY NUMBER [REDACTED]		7. DATE OF DEATH mm/dd/ccyy 07/08/2018	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, bank, construction, employment agency, etc.) ENTERTAINMENT		19. YEARS IN OCCUPATION 68	
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]					
21. CITY MONTECITO		22. COUNTY SANTA BARBARA		24. YEARS IN COUNTY 25	
26. INFORMANT'S NAME, RELATIONSHIP ALLAN GLASER, SPOUSE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) [REDACTED]			
28. NAME OF SURVIVING SPOUSE/SPRIP - FIRST ALLAN		29. MIDDLE GLASER		30. LAST (BIRTH NAME) GLASER	
31. NAME OF FATHER/PARENT - FIRST CHARLES		32. MIDDLE KELM		34. BIRTH STATE UNK	
35. NAME OF MOTHER/PARENT - FIRST GERTRUDE		36. MIDDLE GELIEN		38. BIRTH STATE GERMANY	
39. DISPOSITION DATE mm/dd/ccyy 08/03/2018		40. PLACE OF FINAL DISPOSITION [REDACTED]			
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER [REDACTED]		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT [REDACTED]		45. LICENSE NUMBER [REDACTED]		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
47. DATE mm/dd/ccyy 07/11/2018					
101. PLACE OF DEATH [REDACTED]		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SANTA BARBARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]		108. CITY SANTA BARBARA	
107. CAUSE OF DEATH Enter the chain of events --- disease, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) CARDIOGENIC SHOCK (Final disease or condition resulting in death) Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) MASSIVE PULMONARY EMBOLISM (C) DVT-RIGHT LEG, UNKNOWN ETIOLOGY		Time Interval Between Onset and Death (AT) HRS (BT) HRS (CT) DAYS (DT)		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PROSTATE CANCER					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: (A) mm/dd/ccyy 07/08/2018 Decedent Last Seen Alive: (B) mm/dd/ccyy 07/08/2018		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER [REDACTED]	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]		117. DATE mm/dd/ccyy 07/11/2018			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	
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		122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SANTA BARBARA }

DATE ISSUED:
AUG 02 2018

Dean MD
CHARITY DEAN, M.D.
 HEALTH OFFICER
 PUBLIC HEALTH DEPARTMENT
 COUNTY OF SANTA BARBARA, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

