STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013246362 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/08)

3201319055255 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT–FIRST (Given)	2. MIDDLE	3. LAST (Family)
JAMES	L	AVERY

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR: Months	Days	IF UNDER 24 HOURS: Hours	Minutes	6. SEX
11/27/1945	68					M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
VA	[redacted]	[X] YES [ ] NO [ ] UNK	MARRIED	12/31/2013	1945

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? If yes, see worksheet on back	16. DECEDENT'S RACE – Up to 2 races may be listed (see worksheet on back)
BACHELOR	[ ] YES [X] NO	AFRICAN AMERICAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
ENTERTAINER	ENTERTAINMENT	40

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): [redacted]

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
LOS ANGELES	LOS ANGELES	90027	30	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: BARBARA J AVERY, WIFE [redacted]

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)
BARBARA	-	JACKSON

31. NAME OF FATHER/PARENT–FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
JAMES	LARUE	LANE	SC

35. NAME OF MOTHER/PARENT–FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
FLORENCE	J	DAVIS	NJ

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	42. LICENSE NUMBER
01/11/2014	SCATTER AT SEA OFF THE COAST OF LOS ANGELES COUNTY	-

41. TYPE OF DISPOSITION(S): CR/SEA

42. SIGNATURE OF EMBALMER: [redacted]

44. NAME OF FUNERAL ESTABLISHMENT: ANGELUS FUNERAL HOME

45. LICENSE NUMBER: FD 243

46. SIGNATURE OF LOCAL REGISTRAR: [redacted]

47. DATE mm/dd/ccyy: 01/07/2014

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	104. CITY
GLENDALE MEMORIAL HOSPITAL	[X] ER/OP [ ] BIRTH [ ] DOA	[ ] Hospice [ ] Nursing Home/ICF [ ] Residence [ ] Other	GLENDALE

104. COUNTY: LOS ANGELES

105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): [redacted]

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, 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.

		Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(A) CARDIORESPIRATORY ARREST	(AI) 30 MINS
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) ACUTE MYOCARDIAL INFARCTION	(BI) 2 MOS
	(C) ISCHEMIC CARDIOMYOPATHY	(CI) 4 YRS
	(D) SEVERE CORONARY HEART DISEASE	(DI) 5 YRS

108. DEATH REPORTED TO CORONER?	109. BIOPSY PERFORMED?	110. AUTOPSY PERFORMED?	111. USED IN DETERMINING CAUSE?
[ ] YES [X] NO	[ ] YES [X] NO	[ ] YES [X] NO	[ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: END STAGE KIDNEY DISEASE, TYPE 2 DIABETES

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): CORONARY ARTERY BYPASS GRAFT X2 11/13/2013

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

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: 02/01/2007
Decedent Last Seen Alive: (B) mm/dd/ccyy: 12/30/2013

115. SIGNATURE AND TITLE OF CERTIFIER: [redacted]

116. LICENSE NUMBER	117. DATE mm/dd/ccyy
G83278	01/06/2014

116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: DOUGLAS ALLAN WEBBER M.D. [redacted]

CORONER'S USE ONLY

118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
[ ] YES [ ] NO [ ] UNK		

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	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
[redacted]		

STATE REGISTRAR

A	B	C	D	E	FAX AUTH.#	CENSUS TRACT

0100010025324 88

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.

Jonathan E Fielding MD MPH

VB

DATE ISSUED JAN 13 2014

T0000 8007

Director of Public Health and Registrar

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