

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052017149763

#### CERTIFICATE OF DEATH

3201719033080

STATE FILE NUMBER 3052017149763		LOCAL REGISTRATION NUMBER 3201719033080																					
1. NAME OF DECEDENT - FIRST (Given) <b>CHESTER</b>		2. MIDDLE <b>CHARLES</b>		3. LAST (Family) <b>BENNINGTON</b>																			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>03/20/1976</b>		5. AGE Yrs <b>41</b>		6. SEX <b>M</b>																	
9. BIRTH STATE/FOREIGN COUNTRY <b>AZ</b>		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>07/20/2017</b>		8. HOUR (24 Hours) <b>0908</b>													
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ROCK STAR MUSICIAN</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>MUSIC</b>		19. YEARS IN OCCUPATION <b>27</b>													
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]		21. CITY <b>PALOS VERDES ESTATES</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. ZIP CODE <b>90274</b>		24. YEARS IN COUNTY <b>15</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>													
26. INFORMANT'S NAME, RELATIONSHIP <b>TOMMY H. CHURCH, FRIEND</b>		26. NAME OF SURVIVING SPOUSE/SRDP* - FIRST <b>TALINDA</b>		29. MIDDLE <b>ANN</b>		30. LAST (BIRTH NAME) <b>BENTLEY</b>		31. NAME OF FATHER/PARENT - FIRST <b>LEE</b>		32. MIDDLE <b>RUSSELL</b>		33. LAST <b>BENNINGTON</b>		34. BIRTH STATE <b>OH</b>									
35. NAME OF MOTHER/PARENT - FIRST <b>SUSAN</b>		36. MIDDLE <b>ELAINE</b>		37. LAST (BIRTH NAME) <b>JOHNSON</b>		38. BIRTH STATE <b>CA</b>		39. DISPOSITION DATE mm/dd/yyyy <b>07/26/2017</b>		40. PLACE OF FINAL DISPOSITION RESIDENCE OF MURDER BURNING [REDACTED]		41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		43. LICENSE NUMBER -							
44. NAME OF FUNERAL ESTABLISHMENT <b>GREEN HILLS MORTUARY &amp; MEMORIAL CHAPEL INC</b>		45. LICENSE NUMBER <b>FD1175</b>		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		47. DATE mm/dd/yyyy <b>07/26/2017</b>		101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Hospice Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Hospice Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other		104. CITY <b>PVE</b>		105. COUNTY <b>LOS ANGELES</b>		106. FACILITY ADDRESS OR LOCATION WHERE FOLDED (Street and number, or location) [REDACTED]		107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, complications, and other directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or respiration failure without noting the etiology. DO NOT ASSUME A CAUSE. <b>(A) HANGING</b>		108. DEATH REPORTED TO CORONER? (Street and Death) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. TIME INTERVAL BETWEEN (Street and Death) <b>MINS</b>		110. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		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/yyyy Decedent Last Seen Alive (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER		117. DATE mm/dd/yyyy					
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy <b>UNK</b>		122. HOUR (24 Hours) <b>UNK</b>		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>RESIDENCE</b>		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>WITH BELT</b>		125. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]		126. SIGNATURE OF CORONER/DEPUTY CORONER [REDACTED]		127. DATE mm/dd/yyyy <b>07/25/2017</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>QUINCY BROWN, DEPUTY CORONER</b>					
STATE REGISTRAR		A		B		C		D		E		FAX AUTH.#		CENSUS TRACT									

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

*Jeffrey D. Spelman, MD*  
DATE ISSUED  
Director of Public Health and Registrar  
VB

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AUG - 2 2017



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PHRCO (REV) 10/12