

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052015151697

CERTIFICATE OF DEATH

3201519033987

STATE OF CALIFORNIA
USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV. 5/2013)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) RODERICK		2. MIDDLE GEORGE		3. LAST (Family) TOOMBS	
	AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)					4. DATE OF BIRTH mm/dd/yyyy 04/17/1954
	5. AGE Yrs. 61		6. SEX M		7. DATE OF DEATH mm/dd/yyyy 07/31/2015	
USUAL RESIDENCE	8. BIRTH STATE/FOREIGN COUNTRY CANADA		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. EDUCATION - Highest Level/Degree HS GRADUATE		13. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DECEDENT'S RACE - (List 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 PROFESSIONAL WRESTLER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PROFESSIONAL WRESTLING		19. YEARS IN OCCUPATION 45	
INFORMANT	20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]					
	21. CITY [REDACTED]		22. COUNTY/PROVINCE [REDACTED]		23. ZIP CODE [REDACTED]	
	24. YEARS IN COUNTY 30		25. STATE/FOREIGN COUNTRY OR			
SPOUSE(S) AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP KITTY TOOMBS, WIFE					
	28. NAME OF SURVIVING SPOUSE(S)/P - FIRST KITTY		29. MIDDLE JO		30. LAST (BIRTH NAME) DITRICH	
	31. NAME OF FATHER/PARENT - FIRST STANLEY		32. MIDDLE BAIRD		33. LAST (BIRTH NAME) TOOMBS	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	35. NAME OF MOTHER/PARENT - FIRST EILEEN		36. MIDDLE [REDACTED]		37. LAST (BIRTH NAME) ANDERSON	
	38. DEPOSITION DATE mm/dd/yyyy 08/06/2015		39. PLACE OF FINAL DISPOSITION [REDACTED]			
	41. TYPE OF DISPOSITIONS CR/TR/BU		42. LICENSE NUMBER [REDACTED]		43. LICENSE NUMBER [REDACTED]	
PLACE OF DEATH	44. NAME OF FUNERAL ESTABLISHMENT ARMSTRONG FAMILY MALLOS MITTEN					
	45. LICENSE NUMBER FD 380		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		47. DATE mm/dd/yyyy 08/05/2015	
	101. PLACE OF DEATH RESIDENCE					
CAUSE OF DEATH	102. CITY LOS ANGELES					
	103. FACILITY ADDRESS OR LOCATION (Where Police Report and name of location) LOS ANGELES					
	104. CAUSE OF DEATH HYPERTENSION					
PHYSICIAN'S CERTIFICATION	105. IMMEDIATE CAUSE CARDIOPULMONARY ARREST		106. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		107. TIME ELAPSED SINCE DEATH MINS	
	108. BIRTH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIRTH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	111. 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 PULMONARY EMBOLISM			
CORONER'S USE ONLY	113. MAJOR DISEASES OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO					
	114. I (CORONER) BEAR TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 05/28/2013		115. SIGNATURE AND TITLE OF CORONER [REDACTED]		116. LICENSE NUMBER [REDACTED]	
	117. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE 05/04/2015		118. DATE mm/dd/yyyy 08/05/2015			
119. I (CORONER) BEAR TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED						
120. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
121. INJURY DATE mm/dd/yyyy						
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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health. *[Signature]*
Director of Public Health and Registrar



AUG 18 2015



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE