

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052022257136

CERTIFICATE OF DEATH

3202219057861

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) AARON		2. MIDDLE CHARLES	
3. LAST (Family) CARTER		4. DATE OF BIRTH mm/dd/yyyy 12/07/1987	
5. AGE Yrs. 34		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 11/05/2022		8. HOUR (24 Hours) 1114	
9. BIRTH STATE/FOREIGN COUNTRY FL		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK		12. MARITAL STATUS/SDP at Time of Death NEVER MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 09		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MUSICIAN	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		18. YEARS IN OCCUPATION 27	
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]			
21. CITY LANCASTER		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 93536		24. YEARS IN COUNTY 17	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP JANE ELEANORA SCHNECK, MOTHER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) [REDACTED]		28. NAME OF SURVIVING SPOUSE/SDP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST ROBERT		32. MIDDLE GENE	
33. LAST (BIRTH NAME) CARTER		34. BIRTH STATE NY	
35. NAME OF MOTHER/PARENT - FIRST JANE		36. MIDDLE ELEANORA	
37. LAST (BIRTH NAME) SPAULDING		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 11/09/2022		40. PLACE OF FINAL DISPOSITION RESIDENCE OF ANGEL CHARISMA CONRAD	
41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMERAL [REDACTED]	
43. LICENSE NUMBER FD2322		44. NAME OF FUNERAL ESTABLISHMENT TULIP CREMATION	
45. LICENSE NUMBER FD2322		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
47. DATE mm/dd/yyyy 11/09/2022		101. PLACE OF DEATH RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE ☐ IP ☐ E/VP ☐ DOK		103. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ Hospice ☐ Nursing Home ☒ Decedent's Home ☐ Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]	
106. CITY LANCASTER		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. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) DEFERRED (B) [REDACTED] (C) [REDACTED] (D) [REDACTED] (E) [REDACTED] 108. DEATH REPORTED TO CORONER? ☒ YES ☐ NO 2022-11542	
109. BIOPSY PERFORMED? ☐ YES ☒ NO		110. AUTOPSY PERFORMED? ☒ YES ☐ NO	
111. USED IN DETERMINING CAUSE? ☒ YES ☐ NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. DECEDENT PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ 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 Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
116. LICENSE NUMBER [REDACTED]		117. DATE mm/dd/yyyy [REDACTED]	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]		119. 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? ☐ YES ☐ NO ☐ UNK		121. INJURY DATE mm/dd/yyyy [REDACTED]	
122. HOUR (24 Hours) [REDACTED]		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]		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 11/09/2022	
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390. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		391. DATE mm/dd/yyyy 11/09/2022	
392. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER		393. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]	
394. DATE mm/dd/yyyy 11/09/2022		395. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER	
396. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		397. DATE mm/dd/yyyy 11/09/2022	
398. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER		399. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]	
400. DATE mm/dd/yyyy 11/09/2022		401. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER	