

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052017100250

CERTIFICATE OF DEATH

3201719022144

STATE FILE NUMBER 3052017100250		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REVISED 3/08)		LOCAL REGISTRATION NUMBER 3201719022144	
1. NAME OF DECEDENT- FIRST (Given) POWERS		2. MIDDLE ALLEN		3. LAST (Family) BOOTHE	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) -		4. DATE OF BIRTH mm/dd/yyyy 06/01/1948		5. AGE Yrs. 68	
9. BIRTH STATE/FOREIGN COUNTRY TX		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) MARRIED		7. DATE OF DEATH mm/dd/yyyy 05/14/2017		8. HOUR (24 Hour) 0720	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTERS		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) 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, road construction, employment agency, etc.) ENTERTAINMENT		19. YEARS IN OCCUPATION 51	
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]					
21. CITY [REDACTED]		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE [REDACTED]	
24. YEARS IN COUNTY 37		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP PAMELA BOOTHE, WIFE					
28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST PAMELA		29. MIDDLE ANN		30. LAST (BIRTH NAME) COLE	
31. NAME OF FATHER/PARENT-FIRST MERRILL		32. MIDDLE VESTAL		33. LAST BOOTHE	
34. BIRTH STATE TX		35. NAME OF MOTHER/PARENT-FIRST KATHRYN		36. MIDDLE EMILY	
37. LAST (BIRTH NAME) REEVES		38. BIRTH STATE TX			
39. DISPOSITION DATE mm/dd/yyyy 05/16/2017		40. PLACE OF FINAL DISPOSITION RES PARISS BOOTHE			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF CORONER [REDACTED]		43. LICENSE NUMBER [REDACTED]	
44. NAME OF FUNERAL ESTABLISHMENT [REDACTED]		45. LICENSE NUMBER FD1344		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
47. DATE mm/dd/yyyy 05/16/2017					
101. PLACE OF DEATH RESIDENCE					
102. HOSPITAL - SPECIFY ONE <input type="checkbox"/> HCA <input type="checkbox"/> HHA <input type="checkbox"/> HPA <input type="checkbox"/> HCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other					
104. COUNTY LOS ANGELES					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) HIDDEN HILLS					
107. CAUSE OF DEATH Enter the chain of events - i.e., the sequence of conditions that directly caused death. DO NOT enter conditions such as cardiac arrest, respiratory arrest, or convulsions (if you are not showing the etiology, DO NOT abbreviate). IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to cause on Line A, under UNDERLYING CAUSE (B) through (D). (B) PANCREATIC CANCER (C) _____ (D) _____ 108. DEATH REPORTED TO CORONER? REFERENTIAL NUMBER (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 MINS (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 MONS (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (DT) <input type="checkbox"/> YES <input type="checkbox"/> NO 109. BIOPSY PERFORMED? <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 NONE					
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 _____ Decedent Last Seen Alive _____		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER A60443	
117. DATE mm/dd/yyyy 05/16/2017		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SAMAN LASHKARI M.D.			
(A) mm/dd/yyyy 03/07/2016		(B) mm/dd/yyyy 04/26/2017			
119. 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 type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hour)					
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	

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.

[Signature]
DATE ISSUED
Director of Public Health and Registrar

MAY 30 * 2017 0006429*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

