STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052020110550
STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV 3/06)

3202019026346
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given): KENNETH
2. MIDDLE: CHARLES
3. LAST (Family): OSMOND
AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 06/07/1943
5. AGE Yrs.: 76
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M
7. DATE OF DEATH mm/dd/ccyy: 05/18/2020
8. HOUR (24 Hours): 0035
9. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS/SRDP* (at Time of Death): MARRIED
13. EDUCATION – Highest Level/Degree (see worksheet on back): SOME COLLEGE
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) [ ] YES [X] 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: 60

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): [redacted]
21. CITY: SHADOW HILLS
22. COUNTY/PROVINCE: LOS ANGELES
23. ZIP CODE: [redacted]
24. YEARS IN COUNTY: 76
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: SANDRA OSMOND, WIFE
[redacted]

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST: SANDRA
29. MIDDLE: LEE
30. LAST (BIRTH NAME): PURDY
31. NAME OF FATHER/PARENT–FIRST: THURMAN
32. MIDDLE: B
33. LAST: OSMOND
34. BIRTH STATE: TX
35. NAME OF MOTHER/PARENT–FIRST: PEARL
36. MIDDLE: JOSEPHINE
37. LAST (BIRTH NAME): HAND
38. BIRTH STATE: OK

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 05/21/2020
[redacted]
41. TYPE OF DISPOSITION(S): CR/RES
42. SIGNATURE OF EMBALMER: [redacted]
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: SOCAL CREMATIONS
[redacted]
47. DATE mm/dd/ccyy: 05/21/2020

PLACE OF DEATH

101. PLACE OF DEATH: RESIDENCE
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [X] Decedent's Home [ ] Other
104. COUNTY: LOS ANGELES
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): [redacted]
106. CITY: SHADOW HILLS

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
(A) CARDIOPULMONARY ARREST
(B) CHRONIC OBSTRUCTIVE PULMONARY DISEASE
(C)
(D)

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

Time Interval Between Onset and Death
(AT) MINS
(BT) YRS
(CT)
(DT)

108. DEATH REPORTED TO CORONER? [ ] YES [X] NO
REFERRAL NUMBER
109. BIOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY PERFORMED? [ ] YES [X] 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:
ANEMIA, ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE, DEPRESSION, HYPERTENSION, PNEUMONIA

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? [ ] 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: 05/11/2020
Decedent Last Seen Alive (B) mm/dd/ccyy: 05/18/2020
115. SIGNATURE AND TITLE OF CERTIFIER: [redacted]
116. LICENSE NUMBER: [redacted]
117. DATE mm/dd/ccyy: 05/19/2020
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: [redacted]

CORONER'S USE ONLY

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/ccyy:
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/ccyy:
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						010001004545208		

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.

I00014186

MD, VF
Health Officer and Registrar

DATE ISSUED MAY 27 2020

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

LOS ANGELES COUNTY — REGISTRAR OF VITAL STATISTICS — STATE OF CALIFORNIA

NOT ESTABLISH IDENTITY
INFORMATIONAL DOCUMENT

CALOSANG04