

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052018257787

CERTIFICATE OF DEATH

3201819057691

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) CAROLE
 2. MIDDLE PENNY
 3. LAST (Family) MARSHALL

AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)
 PENNY - MARSHALL

4. DATE OF BIRTH mm/dd/ccyy 10/15/1943
 5. AGE Yrs. 75
 IF UNDER ONE YEAR: Months Days
 IF UNDER 24 HOURS: Hours Minutes
 6. SEX F

9. BIRTH STATE/FOREIGN COUNTRY NY
 10. SOCIAL SECURITY NUMBER [REDACTED]
 11. EVER IN U.S. ARMED FORCES? YES NO JNK
 12. MARITAL STATUS/SRDP* (at Time of Death) DIVORCED
 7. DATE OF DEATH mm/dd/ccyy 12/17/2018
 8. HOUR (24 Hours) 2110

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 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 40

20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]
 21. CITY LOS ANGELES
 22. COUNTY/PROVINCE LOS ANGELES
 23. ZIP CODE 90068
 24. YEARS IN COUNTY 40
 25. STATE/FOREIGN COUNTRY CA

26. INFORMANT'S NAME, RELATIONSHIP RONELLE MARSHALL HALLIN, D.P.O.A.
 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) [REDACTED]

28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST MIDDLE LAST (BIRTH NAME)
 - - -
 29. MIDDLE -
 30. LAST (BIRTH NAME) -

31. NAME OF FATHER/PARENT - FIRST MIDDLE LAST
 ANTHONY WALLACE MARSHALL
 32. MIDDLE WALLACE
 33. LAST MARSHALL
 34. BIRTH STATE NY

35. NAME OF MOTHER/PARENT - FIRST MIDDLE LAST
 MARJORIE IRENE WARD
 36. MIDDLE IRENE
 37. LAST (BIRTH NAME) WARD
 38. BIRTH STATE NY

39. DISPOSITION DATE mm/dd/ccyy 12/27/2018
 40. PLACE OF FINAL DISPOSITION RESIDENCE OF RONELLE MARSHALL HALLIN
 41. TYPE OF DISPOSITION(S) CR/RES
 42. SIGNATURE OF EMBALMER [REDACTED]
 43. LICENSE NUMBER [REDACTED]

44. NAME OF FUNERAL ESTABLISHMENT TULIP CREMATION
 45. LICENSE NUMBER FD2322
 46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]
 47. DATE mm/dd/ccyy 12/26/2018

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

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 ventilator liberation without showing the etiology. DO NOT abbreviate.
 IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOPULMONARY FAILURE
 (B) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
 (C) DIABETES MELLITUS TYPE 1
 (D) [REDACTED]
 108. DEATH REPORTED TO CORONER? YES NO
 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. IF FEMALE, PREGNANT IN LAST YEAR? YES NO JNK

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/ccyy 09/19/2018 (B) mm/dd/ccyy 12/17/2018
 115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]
 116. LICENSE NUMBER [REDACTED]
 117. DATE mm/dd/ccyy 12/22/2018
 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANA LUIZA CARTMEL D.O.

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 JNK
 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

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

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.

100012734

Director of Public Health and Registrar

DATE ISSUED

DEC 31 2018

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

PBNCO (REV) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CUSTOMER RECEIPT

