

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012162083

CERTIFICATE OF DEATH

3201219036647

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) MICHAEL 2. MIDDLE CLARKE 3. LAST (Family) DUNCAN

AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy 12/10/1957 5. AGE Yrs. 54 IF UNDER ONE YEAR: Months Days IF UNDER 24 HOURS: Hours Minutes 6. SEX M

9. BIRTH STATE/FOREIGN COUNTRY ILLINOIS 10. SOCIAL SECURITY NUMBER [REDACTED] 11. EVER IN U.S. ARMED FORCES? YES NO UNK [X] NO 12. MARITAL STATUS/SRDP\* (at Time of Death) NEVER MARRIED 7. DATE OF DEATH mm/dd/ccyy 09/03/2012 8. HOUR (24 Hours) 0553

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 [X] NO 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) AFRICAN AMERICAN

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 20

20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]

21. CITY LOS ANGELES 22. COUNTY/PROVINCE LOS ANGELES 23. ZIP CODE 90049 24. YEARS IN COUNTY 15 25. STATE/FOREIGN COUNTRY CALIFORNIA

26. INFORMANT'S NAME, RELATIONSHIP MATT LICHTENBERG, DPOA 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 - 29. MIDDLE - 30. LAST (BIRTH NAME) -

31. NAME OF FATHER/PARENT - FIRST ELMER 32. MIDDLE - 33. LAST DUNCAN 34. BIRTH STATE ILLINOIS

35. NAME OF MOTHER/PARENT - FIRST JEAN 36. MIDDLE MARIE 37. LAST (BIRTH NAME) FLOYD 38. BIRTH STATE ILLINOIS

39. DISPOSITION DATE: mm/dd/ccyy 09/10/2012 40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068

41. TYPE OF DISPOSITION(S) BU 42. SIGNATURE OF EMBALMER [REDACTED] 43. LICENSE NUMBER EMB9026

44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMR PRKS & MTYS 45. LICENSE NUMBER FD 904 46. SIGNATURE OF LOCAL REGISTRAR [REDACTED] 47. DATE mm/dd/ccyy 09/07/2012

101. PLACE OF DEATH CEDARS-SINAI MEDICAL CENTER 102. IF HOSPITAL, SPECIFY ONE: IP [X] EP/OP [ ] DOA [ ] 103. IF OTHER THAN HOSPITAL, SPECIFY ONE: Hospice [ ] Nursing Home [ ] Home [ ] Other [ ]

104. COUNTY LOS ANGELES 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 8700 BEVERLY BLVD. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) RESPIRATORY FAILURE Time Interval Between Onset and Death: (AT) 1 HR 108. DEATH REPORTED TO CORONER? YES [ ] NO [X]

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 (B) ANOXIC ENCEPHALOPATHY (C) VENTRICULAR FIBRILLATION 8 WKS 109. BIOPSY PERFORMED? YES [ ] NO [X]

(D) ACUTE MYOCARDIAL INFARCTION 8 WKS 110. AUTOPSY PERFORMED? YES [ ] NO [X]

8 WKS 111. USED IN DETERMINING CAUSE? YES [ ] NO [ ]

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 SARCOIDOSIS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) TRACHEOSTOMY 07/27/2012 113A. IF FEMALE, 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 115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED] 116. LICENSE NUMBER G37598 117. DATE mm/dd/ccyy 09/07/2012

(A) mm/dd/ccyy 07/13/2012 (B) mm/dd/ccyy 09/02/2012 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE STEVEN WILLIAM TABAK M.D.

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 120. INJURED AT WORK? YES [ ] NO [X] UNK [ ] 121. INJURY DATE mm/dd/ccyy 122. HOUR (24 Hours)

MANNER OF DEATH: Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined [ ]

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 \*010001002147409\* FAX AUTH.# CENSUS TRACT

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.

Jonathan E. Fielding MD  
VB DATE ISSUED

SEP 10 2012

Director of Public Health and Registrar

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

