CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

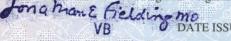
3052012162083		CERTIFICATE OF DEATH USE BLACK NIK ONLY / NO ENAURES, WHITEOUTS ON ALTERATIONS. ———————————————————————————————————			3201219036647		
	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Given)	USE BLACK INK ONLY			LOCAL REGISTRATION NUMBER		
¥	MICHAEL	CLARKE	B. LAST (Family) DUNCAN				
DECEDENT'S PERSONAL DATA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDL	E, LAST)	4. DATE OF BIRTH mm/ 12/10/1957	/dd/ccyy 5. AGE Yrs. 54	IF UNDER ONE YEAR Months Days	Hours Minutes 6, SEX	
	ILLINOIS	YES	X NO UNK NEVER	MARRIED	7. DATE OF DEATH mm 09/03/2012	0553	
CEDENT	SOME COLLEGE YES	COLLEGE YES X NO AFRICAN AMERICAN					
8	17. USUAL OCCUPATION - Type of work for most of life. I	ND OF BUSINESS OR INDUSTRY (e.g., TERTAINMENT	USINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) 19. YEARS IN OCCUPATION 20				
USUAL	20. DECEDENT'S RESIDENCE (Streint and number: or location)						
	LOS ANGELES	LOS ANGELES	23. ZIP CODE 90049	24. YEARS IN COL	CALIFORN		
INFOR- MANT							
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST.	29. MIDDLE	30. LAST (I	BIRTH NAME)	MILIE		
	31 NAME OF FATHER/PARENT-FIRST ELMER	32, MIDDLE	33. LAST DUNG	SAN		34. BIRTH STATE	
	35. NAME OF MOTHER/PARENT-FIRST JEAN	36. MIDDLE MARIE	T FLOY			SE BIPTH STATE	
DIRECTOR/ EGISTRAR	39. DISPOSITION DATE. mm/dd/ccyy 40. PLACE OF F 09/10/2012 6300 FO	REST LAWN DRIVE L	WN MEMORIAL PAI OS ANGELES, CA 9	RK 0068	MIN		
J E	41. TYPE OF DISPOSITION(S)	D) AZ SIGNATU	RE OF EMBALMER			43. LICENSE NUMBER EMB9026	
FUNERA	44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMR PRICE & MILYS FD 904					47 DATE mm/dd/ccyx	
E OF TH	101. PLACE OF DEATH CEDARS-SINAI MEDICAL CEI	NTER		PECIFY ONE 103.	FOTHER THAN HOSPITAL Hospice Wirsing Home/I	SPECIFY ONE Decedent's Other	
PLACE OF DEATH	LOS ANGELES 8700 BE	YADDRESS OR LOCATION WHEREFOUN EVERLY BLVD	D (Street and number, or location)	111	LOS AN	KAN THE TOTAL TH	
CAUSE OF DEATH	IMMEDIATE CAUSE (A) RESPIRATORY	events hiseases, injuries, or complications respiratory artest, or ventribular fibrillation with FAILURE	that directly caused death. DO NOT as out showing the etiology. DO NOT ASSERE	er terminal evants such VATE	Time Interval Batween Onset and Death	108 DEATH REPORTED TO CORONER? YES X NO	
	(Final disease or condition resulting in death)				1 HR	109. BIOPSY PERFORMED?	
	Sequentially, list controlled in American Inc. (See Section 1997)	~ 100	9		8 WKS	YES X NO	
	UNDERLAND CAUSE (Instead of injury that initiated the events (D) ACUTE MY QEA	(~) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			8 WKS	YFS X NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		INDERLYING CAUSE GIVEN IN 107		8 WKS	YES NO	
	113 WAS OPERATION PERFORMED FOR ANY CONDITION TRACHEOS TOMY 07/27/2012	N IN ITEM 107 OR 112? (If yes, list type of a	peration and date.)		113A	IF FEMALE, PREGNANT IN LAST YEAR?	
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OC AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	CURRED 115 SIGNATURE AND TITLE OF			116, LICENSE NUM	YES NO UNK BER 117 DATE mm/dd/ceyy	
	Decedent Attended Since Decedent Last Seen. (A) mm/dd/ccyy (B) mm/dd/ccyy	Alice	IAN'S NAME, MAILING ADDRESS, ZIP	CODE STEVEN	G37598	09/07/2012	
E E	(A) mm/dd/copy (B) mm/dd/copy 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE STEVEN WILLIAM TABAK M.D. 07/13/2012 09/02/2012 118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR DATE, AND PLACE STATED FROM THE CAUSES STATED 120. INJURHED AT WORK? 121. INJURY DATE mm/dd/copy 122. HOUR (24 Hours)						
CORONER'S USE ONLY	MANNER OF DEATH Netural Accident 123. PLACE OF INJURY (e.g., home, construction site, wo	Homodide Suicide Fending Investigation oded area, etc.)	ion Could not be determined Y	ES NO C	INK		
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)						
	125 LOCATION OF INJURY (Street and number; or location, and city; and zig)						
	126. SIGNATURE OF CORONER / DEPUTY CORONER	127.	DATE mm/dd/ccyy 128 TYPE I	NAME, TITLE OF CORON	IER / DEPUTY CORONER		
STAT		D E			FAX AUTH.#	CENSUS TRACT	
REGIST	RAR		*01000100214740				

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.

VB

DATE ISSUED





Director of Public Health and Registrar

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

