

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052025218860

CERTIFICATE OF DEATH

3202519047843

STATE FILE NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 7/24)

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) DIANE		2. MIDDLE KEATON		3. LAST (Family) HALL	
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy 01/05/1946	5. AGE Yrs 79	6. SEX F
	9. BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK	12. MARITAL STATUS/SRDP* (at Time of Death) NEVER MARRIED	7. DATE OF DEATH mm/dd/ccyy 10/11/2025	8. HOUR (24 Hours) 0915
	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			
USUAL RESIDENCE	17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED ACTRESS		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		19. YEARS IN OCCUPATION 60	
	20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]					
INFORMANT	21. CITY LOS ANGELES					25. STATE/FOREIGN COUNTRY CA
	22. COUNTY/PROVINCE LOS ANGELES					23. ZIP CODE 90049
SPOUSE/SRDP AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP STEPHANIE HEATON, AHCD AGENT					27. ADDRESS (Street, city, state and zip) [REDACTED]
	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
	31. NAME OF PARENT - FIRST JACK		32. MIDDLE NEWTON		33. LAST (BIRTH NAME) IGNATIUS HALL	
	34. BIRTH STATE NE		35. NAME OF PARENT - FIRST DOROTHY		36. MIDDLE DEANNE	
FUNERAL DIRECTOR/LOCAL REGISTRAR	37. LAST (BIRTH NAME) KEATON		38. BIRTH STATE KS		39. DISPOSITION DATE mm/dd/ccyy 10/14/2025	
	40. PLACE OF FINAL DISPOSITION [REDACTED]					41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE
	42. SIGNATURE OF EMBALMER [REDACTED]					43. LICENSE NUMBER -
	44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY					45. LICENSE NUMBER [REDACTED]
PLACE OF DEATH	46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]					47. DATE mm/dd/ccyy 10/14/2025
	101. PLACE OF DEATH SAINT JOHN'S HEALTH CENTER					102. IF HOSPITAL, SPECIFY ONE ☐ P ☒ ER/OP ☐ DOA
	103. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ Hospice ☐ Nursing Home/ITC ☐ Decedent's Home ☐ Other					104. COUNTY LOS ANGELES
	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]					106. CITY SANTA MONICA
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. (A) PRIMARY BACTERIAL PNEUMONIA (B) [REDACTED] (C) [REDACTED] (D) [REDACTED] (E) [REDACTED] (F) [REDACTED] (G) [REDACTED] (H) [REDACTED] (I) [REDACTED] (J) [REDACTED] (K) [REDACTED] (L) [REDACTED] (M) [REDACTED] (N) [REDACTED] (O) [REDACTED] (P) [REDACTED] (Q) [REDACTED] (R) [REDACTED] (S) [REDACTED] (T) [REDACTED] (U) [REDACTED] (V) [REDACTED] (W) [REDACTED] (X) [REDACTED] (Y) [REDACTED] (Z) [REDACTED] (AA) [REDACTED] (AB) [REDACTED] (AC) [REDACTED] (AD) [REDACTED] (AE) [REDACTED] (AF) [REDACTED] (AG) [REDACTED] (AH) [REDACTED] (AI) [REDACTED] (AJ) [REDACTED] (AK) [REDACTED] (AL) [REDACTED] (AM) [REDACTED] (AN) [REDACTED] (AO) [REDACTED] (AP) [REDACTED] (AQ) [REDACTED] (AR) [REDACTED] (AS) [REDACTED] (AT) [REDACTED] (AU) [REDACTED] (AV) [REDACTED] (AW) [REDACTED] (AX) [REDACTED] (AY) [REDACTED] (AZ) [REDACTED] (BA) [REDACTED] (BB) [REDACTED] (BC) [REDACTED] (BD) [REDACTED] (BE) [REDACTED] (BF) [REDACTED] (BG) [REDACTED] (BH) [REDACTED] (BI) [REDACTED] (BJ) [REDACTED] (BK) [REDACTED] 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CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELESThis 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.

OCT 16 2025

Health Officer and Registrar DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE