STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

[redacted] STATE FILE NUMBER

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

[redacted] LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given): THOMAS
2. MIDDLE: KENT
3. LAST (Family): CARTER
AKA, ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST): T. K. CARTER
4. DATE OF BIRTH mm/dd/ccyy: 12/14/1956
5. AGE-Yrs: 69 | IF UNDER ONE YEAR: Months, Days | IF UNDER 24 HOURS: Hours, Minutes
6. SEX: M
9. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? [ ] YES [X] NO [ ] UNK
12. MARITAL STATUS/SRDP* (at Time of Death): WIDOWED
7. DATE OF DEATH mm/dd/ccyy: 01/10/2026
8. HOUR (24 Hours): 0001
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): 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: 58

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): [redacted]
21. CITY: DUARTE
22. COUNTY/PROVINCE: LOS ANGELES
23. ZIP CODE: 91010
24. YEARS IN COUNTY: 69
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: LOIS J. GASTON, MOTHER
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): [redacted]

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP* – FIRST: -
29. MIDDLE: -
30. LAST (BIRTH NAME): -
31. NAME OF PARENT – FIRST: THOMAS
32. MIDDLE: CALVIN
33. LAST (BIRTH NAME): CARTER
34. BIRTH STATE: OH
35. NAME OF PARENT – FIRST: LOIS
36. MIDDLE: JEAN
37. LAST (BIRTH NAME): MALONE
38. BIRTH STATE: AR

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 02/04/2026
40. PLACE OF FINAL DISPOSITION: [redacted]
41. TYPE OF DISPOSITION(S): CREMATE/RESIDENCE
42. SIGNATURE OF EMBALMER: [redacted]
43. LICENSE NUMBER: [redacted]
44. NAME OF FUNERAL ESTABLISHMENT: WOODS VALENTINE MORTUARY
45. LICENSE NUMBER: [redacted]
46. SIGNATURE OF LOCAL REGISTRAR: [redacted]
47. DATE mm/dd/ccyy: 02/03/2026

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: DUARTE

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) SYSTOLIC HEART FAILURE
(B) ATRIAL FIBRILLATION
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 → (C) PULMONARY HYPERTENSION
(D)

Time Interval Between Onset and Death: (AT) YR [redacted]; (BT) YRS; (CT) YRS; (DT)

108. DEATH REPORTED TO CORONER? [X] YES [ ] NO — REFERRAL NUMBER: [redacted]
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: NONE
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO
113A. DECEDENT PREGNANT IN LAST YEAR? [ ] YES [X] 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: 12/19/2024 (B) mm/dd/ccyy: 12/03/2025
Decedent Last Seen Alive:
115. SIGNATURE AND TITLE OF CERTIFIER: [redacted]
116. LICENSE NUMBER: [redacted]
117. DATE mm/dd/ccyy: 02/02/2026
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: OMID AMIDI, MD [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

INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

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.

I00021626

Health Officer and Registrar, MD PD 23

FEB -5 2026
DATE ISSUED

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

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

VERITRACE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE