STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052019201848
STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11a(REV 3/06)

3201919045275
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT- FIRST (Given): CHARLES
2. MIDDLE: E.
3. LAST (Family): TAYLOR
AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST): RIP TAYLOR
4. DATE OF BIRTH mm/dd/ccyy: 01/13/1931
5. AGE Yrs.: 88
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M
9. BIRTH STATE/FOREIGN COUNTRY: DC
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS/SRDP* (at Time of Death): DIVORCED
7. DATE OF DEATH mm/dd/ccyy: 10/06/2019
8. HOUR (24 Hours): 1415
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): CAUCASIAN
17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED: ENTERTAINER
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): TELEVISION AND STAGE
19. YEARS IN OCCUPATION: 60

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 1133 N. CLARK ST #301
21. CITY: WEST HOLLYWOOD
22. COUNTY/PROVINCE: LOS ANGELES
23. ZIP CODE: [redacted]
24. YEARS IN COUNTY: 33
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: ROBERT FORTNEY, HCD AGENT
[redacted]

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST: -
29. MIDDLE: -
30. LAST (BIRTH NAME): -
31. NAME OF FATHER/PARENT–FIRST: CHARLES
32. MIDDLE: ELMER
33. LAST: TAYLOR SR.
34. BIRTH STATE: UNK/USA
35. NAME OF MOTHER/PARENT–FIRST: ELIZABETH
36. MIDDLE: -
37. LAST (BIRTH NAME): EVANS
38. BIRTH STATE: DC

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 10/09/2019
40. PLACE OF FINAL DISPOSITION: SCATTERING AT SEA OFF THE COAST OF HONOLULU CO.
41. TYPE OF DISPOSITION(S): CR/TR/SEA
42. SIGNATURE OF EMBALMER: [redacted]
43. LICENSE NUMBER: -
[redacted]
45. LICENSE NUMBER: [redacted]
46. SIGNATURE OF LOCAL REGISTRAR: [redacted]
47. DATE mm/dd/ccyy: 10/08/2019

PLACE OF DEATH

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

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) CONGESTIVE HEART FAILURE
(B) ARTERIOSCLEROTIC HEART DISEASE
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)
(D)

Time Interval Between Onset and Death: (AT) DAYS; (BT) YEARS; (CT); (DT)

108. DEATH REPORTED TO CORONER? [ ] YES [X] NO — REFERRAL NUMBER
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. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] 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: 01/01/1979
Decedent Last Seen Alive (B) mm/dd/ccyy: 10/06/2019
115. SIGNATURE AND TITLE OF CERTIFIER: [redacted]
116. LICENSE NUMBER: [redacted]
117. DATE mm/dd/ccyy: 10/08/2019

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

I00013585

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.

MD
VR
Health Officer and Registrar

DATE ISSUED NOV - 7 2019

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

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

INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

CALOSANG04