

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052018086798

#### CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS. 140REV 3/08

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		3052018086798		LOCAL REGISTRATION NUMBER		[REDACTED]		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT— FIRST (Given) <b>VERNE</b>		2. MIDDLE <b>JAY</b>		3. LAST (Family) <b>TROYER</b>			
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy <b>01/01/1969</b>	5. AGE Yrs <b>49</b>	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX <b>M</b>
	9. BIRTH STATE/FOREIGN COUNTRY <b>MI</b>	10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> JNK	12. MARITAL STATUS/SRDP* (at Time of Death) <b>NEVER MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>04/21/2018</b>	8. HOUR (24 Hours) <b>1127</b>	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ACTOR</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>FILM INDUSTRY</b>			19. YEARS IN OCCUPATION <b>24</b>		
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]								
USUAL RESIDENCE	21. CITY <b>NORTH HOLLYWOOD</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. ZIP CODE [REDACTED]	24. YEARS IN COUNTY <b>10</b>	25. STATE/FOREIGN COUNTRY <b>CA</b>	
	26. INFORMANT'S NAME, RELATIONSHIP <b>REUBEN TROYER JR, FATHER</b>				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 FATHER/PARENT— FIRST <b>REUBEN</b>		32. MIDDLE -		33. LAST <b>TROYER JR</b>		34. BIRTH STATE <b>KS</b>	
	35. NAME OF MOTHER/PARENT— FIRST <b>SUE</b>		36. MIDDLE -		37. LAST (BIRTH NAME) <b>YODER</b>		38. BIRTH STATE <b>MI</b>	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy <b>04/24/2018</b>		40. PLACE OF FINAL DISPOSITION <b>COLON UNITED METHODIST CHURCH 224 N. BLACKSTONE AVE. COLON, MI 49040</b>					
	41. TYPE OF DISPOSITION(S) <b>CR/TR/REL</b>		42. SIGNATURE OF EMBALMER [REDACTED]			43. LICENSE NUMBER -		
44. NAME OF FUNERAL ESTABLISHMENT <b>SOCAL CREMATIONS</b>		45. LICENSE NUMBER <b>FD 2100</b>	46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		47. DATE mm/dd/yyyy <b>04/23/2018</b>			
PLACE OF DEATH	101. PLACE OF DEATH <b>VALLEY PRESBYTERIAN HOSPITAL</b>			102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> E-ICP <input type="checkbox"/> LCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Deceased's Home <input type="checkbox"/> Other		
	104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>15107 VANOWEN STREET</b>			106. CITY <b>VAN NUYS</b>		
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. <b>DEFERRED</b>			108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) [REDACTED]			Time Interval Between Onset and Death (AT)		110. AUTOPSY PERFORMED? (CT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	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 [REDACTED]			111. USED IN DETERMINING CAUSE? (DT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>			113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>				
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/yyyy Decedent Last Seen Alive: (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER	117. DATE mm/dd/yyyy		
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [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 <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		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/yyyy <b>04/23/2018</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>REGINA AUGUSTINE, DEP. CORONER</b>			
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#		CENSUS TRACT

This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

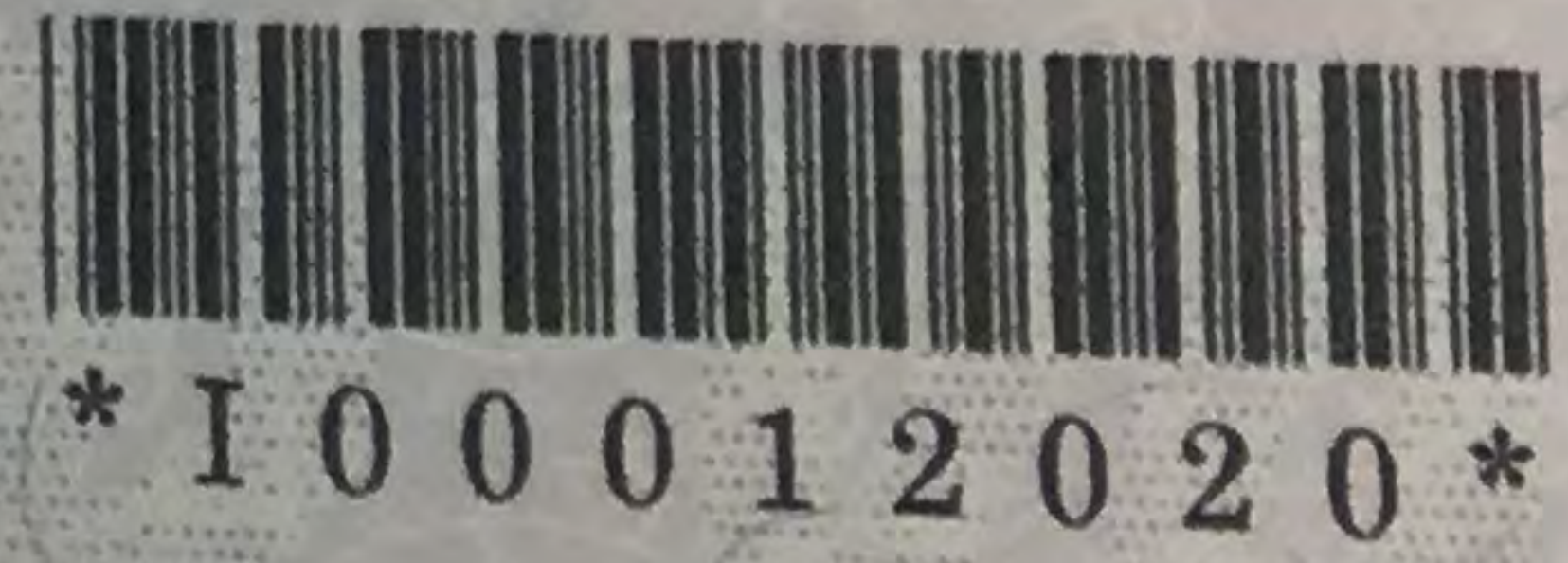
DATE ISSUED

Director of Public Health and Registrar

*[Signature]*  
DO 21

**APR 30 2018**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FBNCO (REV) 10/12