STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016179132 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/09)

3201619040335 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given)	2. MIDDLE	3. LAST (Family)
ROBERT	ALEXIS	ARQUETTE

AKA: ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
07/28/1969	47					M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP at Time of Death	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
CA	[redacted]	☐ YES ☒ NO ☐ JNK	NEVER MARRIED	09/11/2016	0032

13. EDUCATION – Highest Level Degree (See worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	☐ YES ☒ NO	CAUCASIAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
ARTIST	ENTERTAINMENT INDUSTRY	43

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): [redacted]

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
LOS ANGELES	LOS ANGELES	90069	42	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: PATRICIA ARQUETTE, SISTER

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	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
LEWIS	MICHAEL	ARQUETTE	IL
35. NAME OF MOTHER/PARENT – FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
BRENDA	OLIVIA	NOWAK	NY

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
09/16/2016	RESIDENCE; DAVID ARQUETTE [redacted]	[redacted]	-

41. TYPE OF DISPOSITION(S)	44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
CR/RES	PIERCE BROTHERS VALHALLA	FD916	[redacted]	09/14/2016

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	108. CITY
CEDARS-SINAI MEDICAL CENTER	☒ IP ☐ DOR ☐ DOA	☐ Hospice ☐ Nursing Home/SNF ☐ Decedent's Home ☐ Other	WEST HOLLYWOOD

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)
LOS ANGELES	8700 BEVERLY BLVD

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.

		Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(A) CARDIAC ARREST	(AT) 5 MINS
Sequentially, list conditions, if any, leading to the cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B) BACTERIAL ENDOCARDITIS	(BT) 3 WKS
	(C) CARDIOMYOPATHY	(CT) 3 YRS
	(D) HUMAN IMMUNODEFICIENCY VIRUS	(DT) 29 YRS

108. DEATH REPORTED TO CORONER?	109. BIOPSY PERFORMED?	110. AUTOPSY PERFORMED?	111. USED IN DETERMINING CAUSE?
☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO	☐ 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 ☐ JNK

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	Decedent Last Seen Alive (B) mm/dd/ccyy
01/01/2006	09/10/2016

115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
[redacted]	G34195	09/13/2016

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: MICHAEL STUART GOTTLIEB M.D. [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?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
☐ YES ☐ NO ☐ JNK		

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	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
[redacted]		

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						01000100334 3154		

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

VB

Director of Public Health and Registrar

DATE ISSUED SEP 20 2016

I000104 32

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

PSNCO (REV) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE