

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016068559

CERTIFICATE OF DEATH

3201619015648

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEDOUTS OR ALTERATIONS VS-1 (REV 3/06)			LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT- FIRST (Given) GARRY		2. MIDDLE EMMANUEL		3. LAST (Family) SHANDLING			
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 11/29/1949	5. AGE Yrs. 66	6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) NEVER MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		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) CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 03/24/2016	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COMEDIAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT			19. YEARS IN OCCUPATION 46		
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]						10F 2	
21. CITY [REDACTED]		22. COUNTY/PROVINCE [REDACTED]		23. ZIP CODE [REDACTED]	24. YEARS IN COUNTY UNK		
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP GAVIN DE BECKER, FRIEND					
27. INFORMANT'S MAILING ADDRESS (Street and number, or equivalent number, city or town, state and zip) [REDACTED]		28. NAME OF SURVIVING SPOUSE/SRDP--FIRST -					
29. MIDDLE -		30. LAST (BIRTH NAME) -			34. BIRTH STATE IL		
31. NAME OF FATHER/PARENT--FIRST IRVING		32. MIDDLE -			33. LAST SHANDLING		
35. NAME OF MOTHER/PARENT--FIRST MURIEL		36. MIDDLE -			37. LAST (BIRTH NAME) SINGER		
38. BIRTH STATE IL		39. DISPOSITION DATE mm/dd/yyyy 04/05/2016					
40. TYPE OF DISPOSITION(S) CR/TR/RES		41. SIGNATURE OF EMBALMER [REDACTED]			42. LICENSE NUMBER -		
43. NAME OF FUNERAL ESTABLISHMENT ALL CALIFORNIA CREMATION		44. LICENSE NUMBER FD1546			45. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		
46. DATE mm/dd/yyyy 04/05/2016		101. PLACE OF DEATH SAINT JOHN'S HEALTH CENTER					
102. COUNTY LOS ANGELES		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2121 SANTA MONICA BLVD			104. CITY SANTA MONICA		
105. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> EX <input type="checkbox"/> DOA		106. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other			107. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) DEFERRED		109. TIME INTERVAL BETWEEN Onset and Death -			110. REFERRAL NUMBER 2016-02327		
111. 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		112. 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			113. 110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
114. 111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
116. 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NO		117. 113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			118. 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 Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy		
119. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		120. LICENSE NUMBER [REDACTED]			121. DATE mm/dd/yyyy 04/05/2016		
122. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]		123. 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					
124. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		125. INJURY DATE mm/dd/yyyy 04/05/2016			126. HOUR (24 Hours) 11:00		
127. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) SAINT JOHN'S HEALTH CENTER		128. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) HEART ATTACK					
129. LOCATION OF INJURY (Street and number, or location, and city, and zip) SANTA MONICA, CA 90404		130. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]					
131. DATE mm/dd/yyyy 04/05/2016		132. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER EVONNE D REED, DEPUTY CORONER			133. STATE REGISTRAR A		
134. STATE REGISTRAR A		135. FAX AUTH.# 010001003210286			136. CENSUS TRACT 01000100704		

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.

Jay D. Spelman, MD
Director of Public Health and Registrar

DATE ISSUED
DEC 27 2016



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

FINCO (REV) 10/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016068559
 STATE FILE NUMBER
 1.1

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
 OR ALTERATIONS

3201619015648
 LOCAL REGISTRATION NUMBER

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST GARRY	1B. MIDDLE EMMANUEL	1C. LAST SHANDLING	2. SEX M
	3. DATE OF EVENT—MM/DD/CCYY 03/24/2016	4. CITY OF EVENT SANTA MONICA	5. COUNTY OF EVENT LOS ANGELES	

PART II STATEMENT OF CORRECTIONS

2 OF 2

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107A	DEFERRED	PULMONARY THROMBOEMBOLISM
107AT	-	UNKNOWN
107B		DEEP VEIN PHLEBOTHROMBOSIS OF THE LOWER EXTREMITIES
107BT		UNKNOWN
113	NO	YES INFERIOR VENA CAVA FILTER UNKNOWN
119	PENDING INVESTIGATION	NATURAL

INFORMATIONAL,
 NOT A VALID DOCUMENT
 TO ESTABLISH IDENTITY

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	10. DATE SIGNED—MM/DD/CCYY 12/13/2016	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DME	
	12. ADDRESS—STREET and NUMBER 1104 NORTH MISSION ROAD	13. CITY LOS ANGELES	14. STATE CA	15. ZIP CODE 90033
STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR	17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 12/14/2016		

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Jerry D. Spelman, MD
 Director of Public Health and Registrar

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