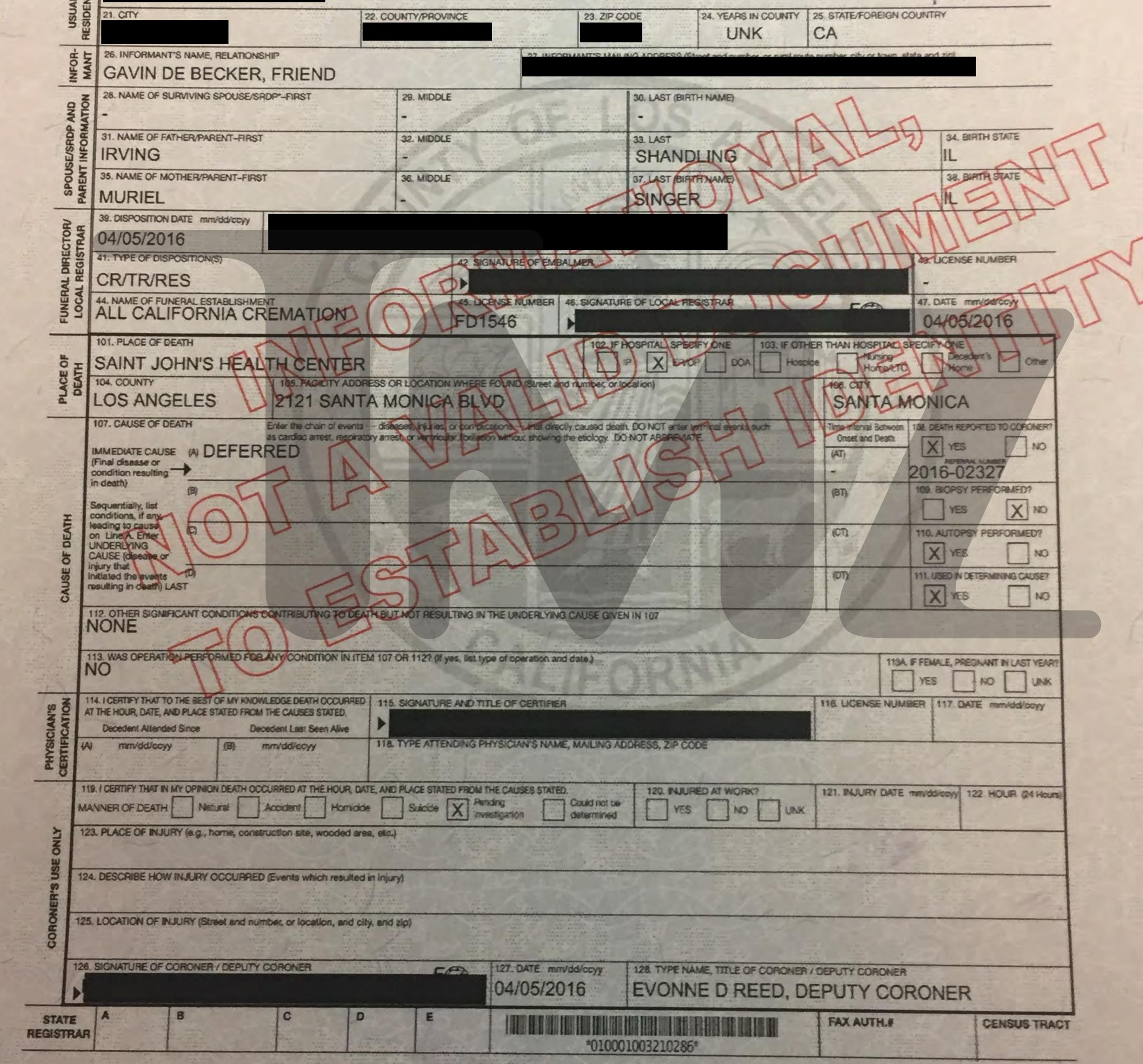
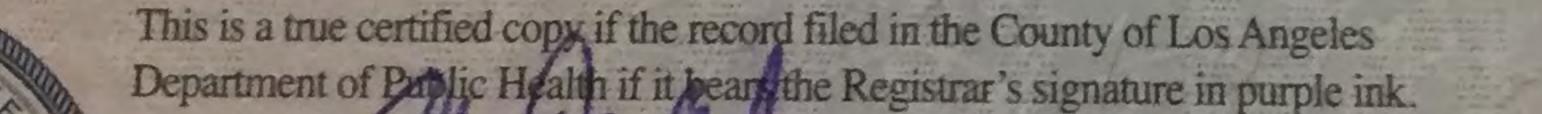
# STAVE OF CALOFORNIA CERTIFICATION OF VITAL RECORD

## **COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH**

	3052016068559		CER	TIFICATE	OF DE	ATH			3	201619	015648	3	
	STATE FILE NUMBER		USE BLACK INK O	STATE OF CALL INLY / NO ERASURES VS-114(REV.	WHITEDUTS (	OR ALTERATIO	INS		LOC	AL REGISTR	ATION NUMB	ER	
A	1. NAME OF DECEDENT- FIRST (Given) GARRY	Carl Carl Carl Carl Carl Carl Carl Carl	MIDDLE				3. LAST (Fa	IDLING					
EDENT'S PERSONAL DAT	AKA. ALSO KNOWN AS - Include full AKA (F	TIRST, MIDDLE, LAST)			4. DATE O		m/dd/ccyy	5. AGE Yrs. 66	1F UNDER Months	CONE YEAR Days	Hours	24 HOURS Minutes	6. SEX M
	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NUMBER 11			YES X NO UNK NEVER MARRIED					8. HOUR 113				
	13. EDUCATION - Highest Level/Degree 14/15. WAS DECEDENT HISPANIC/LATINO(Al/SPANISH? (If yes, set worksheet on back) (see work												
DEC	17. USUAL OCCUPATION - Type of work for COMEDIAN	most of life. DO NOT USE RETIRE		B. KIND OF BUSIN		CA R. State	g., grocery st	tone, road consti	ruction, emp	loyment agen	cy, etc.) 11	YEARS IN	OCCUPATION
, W	20. DECEDENT'S RESIDENCE (Street and nu	mber, or location)				ii:			-		1	OF	2





Public Heath and Registrar

MARK BANCHOLE CO. - NBN CO.

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE/

E ISSUED

**DEC 27** 

PENCO REV 10/12

		STATE OF CALOFORNIA CERTIFICATION OF VITAL RECORD	
	2016068559	Y OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH PHYSICIAN/CORONER'S AMENDMENT NO ERASURES, WHITEOUTS, PHOTOCOPIES, 3201619015648	
	1.1 RINT CLEARLY IN R	OR ALTERATIONS LOCAL REGISTRATION NUMBER	
and the second		LACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD O LOCATE RECORD	
INFORMATION AS IT APPEARS	1A. NAME-FIRST GARRY	1B. MIDDLE 1C. LAST 2. SEX EMMANUEL M	

3. DATE OF EVENT-MM/DD/CCYY 4. CITY OF EVENT

5. COUNTY OF EVENT

ON <u>ORIGINAL</u> RECORD 03/24/2016

### SANTA MONICA

#### LOS ANGELES

#### PARTI STATEMENT OF CORRECTIONS

PARTI	STATEMEN	NT OF CORRECTIONS	20F2
	6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
	107A	DEFERRED	PULMONARY
LIST ONE	107AT		THROMBOEMBOLISM UNKNOWN
ITEM PER LINE	107B		DEEP VEIN PHLEBOTHROMBOSIS OF THE LOWER EXTREMITIES
	107BT	And the second s	UNKNOWN
	113	NO	YES INFERIOR VENA CAVA FILTER UNKNOWN
	119	PENDING INVESTIGATION	NATURAK
			PHORENTLY
		A UL	CAMU

	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	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DME							
CORONER	12 ADDRESS STREET and NUMBER 1104 NORTH MISSION ROAD	13. CITY LOS ANGELES	14. STA CA	TE 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							

