

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012073142

CERTIFICATE OF DEATH

3201219016501

| | | | | | |
|---|--|---|--|--|--|
| STATE FILE NUMBER | | MIDDLE INITIAL | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) | | 2. MIDDLE | | 3. LAST (Family) | |
| RICHARD | | WAGSTAFF | | CLARK | |
| 4. AKA. ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) | | 4. DATE OF BIRTH mm/dd/yyyy | | 5. AGE Yrs. | |
| DICK CLARK | | 11/30/1929 | | 82 | |
| 6. SEX | | 7. DATE OF DEATH mm/dd/yyyy | | 8. HOUR (24 Hours) | |
| M | | 04/18/2012 | | 1118 | |
| 9. BIRTH STATE/FOREIGN COUNTRY | | 10. SOCIAL SECURITY NUMBER | | 11. EVER IN U.S. ARMED FORCES? | |
| NEW YORK | | [REDACTED] | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 12. MARITAL STATUS/SROP* (at Time of Death) | | 13. EDUCATION - Highest Level/Degree (see worksheet on back) | | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) | |
| MARRIED | | BACHELOR | | WHITE | |
| 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 | |
| PRODUCER | | ENTERTAINMENT | | 65 | |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) | | | | | |
| [REDACTED] | | | | | |
| 21. CITY | | 22. COUNTY/PROVINCE | | 23. ZIP CODE | |
| MALIBU | | LOS ANGELES | | 90265 | |
| 24. YEARS IN COUNTY | | 25. STATE/FOREIGN COUNTRY | | | |
| 48 | | CALIFORNIA | | | |
| 26. INFORMANT'S NAME, RELATIONSHIP | | | | | |
| KARI W. CLARK, WIFE | | | | | |
| 27. INFORMANT'S MAILING ADDRESS (Street and number, or location) | | | | | |
| [REDACTED] | | | | | |
| 28. NAME OF SURVIVING SPOUSE/SROP - FIRST | | 29. MIDDLE | | 30. LAST (BIRTH NAME) | |
| KARI | | LOUESTA | | WIGTON | |
| 31. NAME OF FATHER/PARENT - FIRST | | 32. MIDDLE | | 33. LAST | |
| RICHARD | | AUGUSTUS | | CLARK | |
| 34. BIRTH STATE | | 35. NAME OF MOTHER/PARENT - FIRST | | 36. MIDDLE | |
| NEW YORK | | JULIA | | FULLER | |
| 37. LAST (BIRTH NAME) | | 38. BIRTH STATE | | 39. BIRTH STATE | |
| BARNARD | | NEW YORK | | NEW YORK | |
| 40. DISPOSITION DATE mm/dd/yyyy | | 41. TYPE OF DISPOSITION(S) | | | |
| 04/20/2012 | | CR/RES | | | |
| 42. PLACE OF FINAL DISPOSITION | | 43. LICENSE NUMBER | | | |
| RESIDENCE OF KARL W. CLARK | | - | | | |
| 44. NAME OF FUNERAL ESTABLISHMENT | | 45. LICENSE NUMBER | | 46. SIGNATURE OF LOCAL REGISTRAR | |
| GATES, KINGSLEY & GATES MOELLER MURPHY FUNERAL DIRECTORS | | FD451 | | [REDACTED] | |
| 47. DATE mm/dd/yyyy | | 48. SIGNATURE OF LOCAL REGISTRAR | | | |
| 04/19/2012 | | [REDACTED] | | | |
| 101. PLACE OF DEATH | | | | | |
| ST. JOHN'S HEALTH CENTER | | | | | |
| 102. IF HOSPITAL, SPECIFY ONE | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE | | | |
| <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> EIVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other | | <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other | | | |
| 104. COUNTY | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) | | 106. CITY | |
| LOS ANGELES | | 2121 SANTA MONICA BLVD | | SANTA MONICA | |
| 107. CAUSE OF DEATH | | 108. DEATH REPORTED TO COORNER? | | 109. BIOPSY PERFORMED? | |
| ACUTE MYOCARDIAL INFARCTION | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| (A) CORONARY ARTERY DISEASE | | 110. AUTOPSY PERFORMED? | | 111. USED IN DETERMINING CAUSE? | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 | | | | | |
| ACUTE URINARY RETENTION, BENIGN PROSTATIC HYPERPLASIA | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) | | | | | |
| TRANSURETHRAL RESECTION OF THE PROSTATE 04/17/2012 | | | | | |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. | | | | | |
| 115. SIGNATURE AND TITLE OF CERTIFIER | | 116. LICENSE NUMBER | | 117. DATE mm/dd/yyyy | |
| [REDACTED] | | G48094 | | 04/19/2012 | |
| 118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. | | | | | |
| 119. MANNER OF DEATH | | 120. INJURED AT WORK? | | 121. INJURY DATE mm/dd/yyyy | |
| <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 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 | | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | | | |
| [REDACTED] | | [REDACTED] | | | |

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.

Jana Marie Fielding MD
VO
DATE ISSUED APR 20* 2012 002884*

Director of Public Health and Registrar

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

