

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052019220396

CERTIFICATE OF DEATH

3201919049337

STATE FILE NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV 3/08)

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) JOHN		2. MIDDLE -		3. LAST (Family) WEATHERSPOON	
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) JOHN WITHERSPOON			4. DATE OF BIRTH mm/dd/ccyy 01/27/1942	5. AGE Yrs. 77	6. SEX M
	9. BIRTH STATE/FOREIGN COUNTRY MI	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) MARRIED	7. DATE OF DEATH mm/dd/ccyy 10/29/2019	8. HOUR (24 Hours) 1730
	13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE	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) AFRICAN AMERICAN		19. YEARS IN OCCUPATION 44	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT			19. YEARS IN OCCUPATION 44	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]					
	21. CITY SHERMAN OAKS	22. COUNTY/PROVINCE LOS ANGELES	23. ZIP CODE [REDACTED]	24. YEARS IN COUNTRY 44	25. STATE/FOREIGN COUNTRY CA	
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP ANGELA MARGENA ROBINSON, SPOUSE					
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST ANGELA		29. MIDDLE MARGENA		30. LAST (BIRTH NAME) ROBINSON	
	31. NAME OF FATHER/PARENT - FIRST KATO		32. MIDDLE -		33. LAST WEATHERSPOON	
	35. NAME OF MOTHER/PARENT - FIRST TENNESSEE		36. MIDDLE -		37. LAST (BIRTH NAME) BOYD	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/ccyy 11/05/2019		40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068			
	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER [REDACTED]		43. LICENSE NUMBER [REDACTED]	
	44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMR PRKS & MTYS		45. LICENSE NUMBER FD904		47. DATE mm/dd/ccyy 11/04/2019	
	101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
CAUSE OF DEATH	104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]		106. CITY SHERMAN OAKS	
	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. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) MYOCARDIAL INFARCTION 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 (B) CORONARY ARTERY DISEASE (C) OBESITY (D) HYPERTENSION				Time Interval Between Onset and Death (AT) SECS (BT) YRS (CT) YRS (DT) YRS	
					108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
					109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
					110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
					111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICIAN'S CERTIFICATION	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION		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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	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		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER G25597	
	(A) mm/dd/ccyy 09/29/1987	(B) mm/dd/ccyy 10/23/2019	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RICHARD N GOLD M.D. [REDACTED]			
	117. DATE mm/dd/ccyy 11/04/2019					
CORONER'S USE ONLY	118. 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 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/ccyy	
	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/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		

STATE REGISTRAR	A	B	C	D	E	*010001004352211*	FAX AUTH.#	CENSUS TRACT
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CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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

Richard N Gold, MD
VR

NOV 12 2019 013344

DATE ISSUED

Health Officer and Registrar

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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