

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

#### CERTIFICATE OF DEATH

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

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DONALD		3. LAST (Family) RICKLES	
2. MIDDLE JAY		4. DATE OF BIRTH mm/dd/yyyy 05/08/1926	
5. AGE Yrs. 90		6. SEX M	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) DON - RICKLES		7. DATE OF DEATH mm/dd/yyyy 04/06/2017	
8. HOUR (24 Hours) 1040		9. BIRTH STATE/FOREIGN COUNTRY NY	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JUNK	
12. MARITAL STATUS/SRDP (at Time of Death) MARRIED		13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14/15. WAS DECEDENT HISPANIC/LATIN(A)/SPANISH? (if yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ENTERTAINER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT	
19. YEARS IN OCCUPATION 74		20. DECEDENT'S RESIDENCE (Street and number, or location)	
21. CITY LOS ANGELES		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90067		24. YEARS IN COUNTY 65	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP BARBARA RICKLES, WIFE	
27. NAME OF SURVIVING SPOUSE/SRDP - FIRST BARBARA		28. MIDDLE RITA	
29. LAST (BIRTH NAME) SKLAR		30. LAST (BIRTH NAME) RICKLES	
31. NAME OF FATHER/PARENT - FIRST MAX		32. MIDDLE -	
33. LAST (BIRTH NAME) RICKLES		34. BIRTH STATE LITHUANIA	
35. NAME OF MOTHER/PARENT - FIRST ETTA		36. MIDDLE -	
37. LAST (BIRTH NAME) FELDMAN		38. BIRTH STATE NY	
39. DISPOSITION DATE mm/dd/yyyy 04/09/2017		40. PLACE OF FINAL DISPOSITION MOUNT SINAI MEMORIAL PARK 5950 FOREST LAWN DR., LOS ANGELES, CA 90068	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT MOUNT SINAI MORTUARY	
45. LICENSE NUMBER FD1010		46. SIGNATURE OF LOCAL REGISTRAR	
47. DATE mm/dd/yyyy 04/07/2017		101. PLACE OF DEATH RESIDENCE	
102. CITY LOS ANGELES		103. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TL <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and Number, or location)	
106. CITY LOS ANGELES		107. CAUSE OF DEATH Enter the chain of events - disease, injury or complication - that directly caused death. DO NOT enter terminal event, such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) 2 MOS (B) YRS (C) YRS (D) YRS		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	
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	
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	
116. LICENSE NUMBER		117. DATE mm/dd/yyyy 04/06/2017	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MAANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JUNK		121. INJURY DATE mm/dd/yyyy	
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		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. SIGNATURE OF REGISTRAR	

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.

*Shirley D. Splawn, MD*  
VF  
Director of Public Health and Registrar

\* 100010964 \*

APR 12 2017

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

