

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052010196529

CERTIFICATE OF DEATH

3201019045365

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RONNI		SUE		CHASEN	
4. DATE OF BIRTH mm/dd/yyyy					
10/17/1946					
5. AGE Yrs					
64					
6. SEX					
F					
7. DATE OF DEATH mm/dd/yyyy					
11/16/2010					
8. HOUR (24 Hour)					
0112					
9. BIRTH STATE/FOREIGN COUNTRY					
NEW YORK					
10. SOCIAL SECURITY NUMBER					
[REDACTED]					
11. EVER IN U.S. ARMED FORCES?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> U.S. <input type="checkbox"/>					
12. MARITAL STATUS/SRCP (at time of death)					
NEVER MARRIED					
13. WAS DECENT HISPANIC/LATINO/SRANISH? If yes, see worksheet on back					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
14. EDUCATION - Highest Level/Degree					
BACHELOR					
15. DECENT'S RACE - (Up to 3 races may be listed (see worksheet on back))					
WHITE					
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)					
MOTION PICTURES					
17. YEARS IN OCCUPATION					
30					
18. DECENT'S RESIDENCE (Street and number, or location)					
[REDACTED]					
19. CITY					
LOS ANGELES					
20. COUNTY/PROVINCE					
LOS ANGELES					
21. ZIP CODE					
[REDACTED]					
22. YEARS IN COUNTY					
30					
23. STATE/FOREIGN COUNTRY					
CALIFORNIA					
24. INFORMANT'S NAME, RELATIONSHIP					
LARRY COHEN, BROTHER					
25. NAME OF SURVIVING SPOUSE/SRCP - FIRST					
[REDACTED]					
26. LAST (Birth Name)					
[REDACTED]					
27. NAME OF FATHER/PARENT - FIRST					
IRVING					
28. MIDDLE					
[REDACTED]					
29. LAST					
COHEN					
30. BIRTH STATE					
NEW YORK					
31. NAME OF MOTHER/PARENT - FIRST					
CAROLYN					
32. MIDDLE					
[REDACTED]					
33. LAST					
LOEWENSTEIN					
34. BIRTH STATE					
NEW YORK					
35. DEPOSITION DATE mm/dd/yyyy					
11/21/2010					
36. PLACE OF FINAL RESIDENCE					
[REDACTED]					
37. TYPE OF DISPOSITION					
BU					
38. NAME OF FUNERAL ESTABLISHMENT					
HILLSIDE MEMORIAL PARK MORTUARY					
39. DATE mm/dd/yyyy					
11/18/2010					
40. PLACE OF DEATH					
CEDARS-SINAI MEDICAL CENTER					
41. COUNTY					
LOS ANGELES					
42. FACILITY ADDRESS OR LOCATION (Please include street and number, or location)					
8700 BEVERLY BLVD					
43. CITY					
LOS ANGELES					
44. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
MULTIPLE GUNSHOT WOUNDS					
145. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 144					
NONE					
146. OPERATOR PERFORMED ANY CONDITION IN ITEM 145? (If YES, list type of operation and date)					
THORACOTOMY 11/16/2010					
147. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
148. SIGNATURE AND TITLE OF CORONER					
REGINA M AUGUSTINE, DEPUTY CORONER					
149. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
[REDACTED]					
150. INJURED AT WORK?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> U.S. <input type="checkbox"/>					
151. INJURY DATE mm/dd/yyyy					
11/16/2010					
152. HOUR (24 Hour)					
0027					
153. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
IN VEHICLE					
154. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
SHOT BY ANOTHER(S)					
155. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
SUNSET BLVD AND WHITTIER DRIVE, BEVERLY HILLS, CA 90210					
156. SIGNATURE OF CORONER/DEPUTY CORONER					
[REDACTED]					
157. DATE mm/dd/yyyy					
11/18/2010					
158. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
REGINA M AUGUSTINE, DEPUTY CORONER					
159. STATE REGISTRAR					
[REDACTED]					
160. FAX AUTH.#					
[REDACTED]					
161. CENSUS TRACT					
[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.

VD

DATE ISSUED

DEC 10 2010 001839

Director of Public Health and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

