

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016007572

CERTIFICATE OF DEATH

3201619001568

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MICHAEL		3. LAST (Family) GALEOTA	
2. MIDDLE JAMES		4. DATE OF BIRTH mm/dd/yyyy 08/28/1984	
5. AGE Yrs. 31		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY NEW YORK		12. MARITAL STATUS/SDP* (at time of death) NEVER MARRIED	
10. SOCIAL SECURITY NUMBER		7. DATE OF DEATH mm/dd/yyyy 01/10/2016	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		8. HOUR (24 Hours) 1438	
13. EDUCATION - Highest Level Degree (see worksheet on back) HS GRADUATE		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SALESMAN	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FOOTWEAR		19. YEARS IN OCCUPATION 10	
20. DECEDENT'S RESIDENCE (Street and number, or location) 934 W GLENOAKS BLVD #7			
21. CITY GLENDAL		25. STATE/FOREIGN COUNTRY CA	
22. COUNTY/PROVINCE LOS ANGELES		24. YEARS IN COUNTY 20	
23. ZIP CODE 91202		26. INFORMANT'S NAME, RELATIONSHIP ARNOLD GALEOTA, FATHER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 50 VALENCIA #C, DELRAY BEACH, FL 33446		28. NAME OF SURVIVING SPOUSE/SDP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST ARNOLD		32. MIDDLE -	
33. LAST GALEOTA		34. BIRTH STATE NY	
35. NAME OF MOTHER/PARENT - FIRST BONNIE		36. MIDDLE -	
37. LAST (BIRTH NAME) GELLATLY		38. BIRTH STATE MAINE	
39. DISPOSITION DATE mm/dd/yyyy 01/15/2016		40. PLACE OF FINAL DISPOSITION RESIDENCE OF JAMES JOSEPH GALEOTA 17626 BURBANK BLVD #7 ENCINO, CA 91436	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF DECEASED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT THE OMEGA SOCIETY	
45. LICENSE NUMBER FD1280		46. SIGNATURE OF LOCAL REGISTRAR	
47. DATE mm/dd/yyyy 01/15/2016		48. SIGNATURE OF CORONER	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. CITY GLENDAL	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 934 W GLENOAKS BLVD #7		106. COUNTY LOS ANGELES	
107. CAUSE OF DEATH Enter the chain of events - development, disease, or complication - that directly caused death. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventilator extubation without showing the etiology. DO NOT abbreviate. (A) DEFERRED (B) IMMEDIATE CAUSE (Final disease or condition resulting in death) (C) SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING UP TO THE UNDERLYING CAUSE. (List on Line A, Enter UNDERLYING CAUSE. (List on Line B, Enter INJURY THAT INITIATED THE EVENTS RESULTING IN DEATH) LAST (D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE (E) WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO (F) IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. PROPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		112. SIGNATURE AND TITLE OF CERTIFIER	
113. LICENSE NUMBER		114. DATE mm/dd/yyyy	
115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		116. TYPE OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
117. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		118. INJURY DATE mm/dd/yyyy	
119. HOUR (24 Hours)		120. SIGNATURE OF CORONER / DEPUTY CORONER	
121. DATE mm/dd/yyyy		122. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP. CORONER	
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	
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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.

Director of Public Health and Registrar

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016007572

STATE FILE NUMBER

1.1

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201619001568

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST MICHAEL	1B. MIDDLE JAMES	1C. LAST GALEOTA	2. SEX M
	3. DATE OF EVENT—MM/DD/CCYY 01/10/2016 FND	4. CITY OF EVENT GLENDALE	5. COUNTY OF EVENT LOS ANGELES	

PART II STATEMENT OF CORRECTIONS

20E 2

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107A	DEFERRED	ATHEROSCLEROTIC HEART DISEASE
107AT	-	YEARS
112	NONE	HYPERTENSION
119	PENDING INVESTIGATION	NATURAL

DECLARATION
OF
CERTIFYING
PHYSICIAN OR
CORONER

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER

10. DATE SIGNED—MM/DD/CCYY
09/01/2016

11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER
DME

12. ADDRESS—STREET AND NUMBER

13. CITY
LOS ANGELES

14. STATE
CA

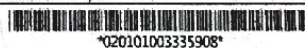
15. ZIP CODE

STATE/LOCAL
REGISTRAR
USE ONLY

16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR

17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY
09/01/2016

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



FORM VS 24a (REV. 1/08)

1.1

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.

[Signature]
VB
Director of Public Health and Registrar

SEP - 7 2016



PRNCO (REV. 10/12)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE