STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052011052918 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO STAMPS, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 2/08)

3201119012291 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT- FIRST (Given)	2. MIDDLE	3. LAST (Family)
ELIZABETH	ROSEMOND	TAYLOR

AKA, ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST): -

4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yrs.	If UNDER ONE YEAR: Months / Days	If UNDER 24 HOURS: Hours / Minutes	6. SEX
02/27/1932	79			F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP* (at Time of Death)	7. DATE OF DEATH mm/dd/yyyy	8. HOUR (24 Hours)
ENGLAND	[redacted]	☐ YES ☒ NO ☐ UNK	DIVORCED	03/23/2011	0128

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	☐ YES ☒ NO	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
ACTRESS	ENTERTAINMENT	70

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): [redacted]

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
[redacted]	LOS ANGELES	90077	20	CALIFORNIA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
BARBARA BERKOWITZ, ATTORNEY	[redacted] 90210

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP*-FIRST	29. MIDDLE	30. LAST (BIRTH NAME)
-	-	-

31. NAME OF FATHER/PARENT-FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
FRANCIS	-	TAYLOR	ILLINOIS

35. NAME OF MOTHER/PARENT-FIRST	36. MIDDLE	37. LAST BIRTH NAME	38. BIRTH STATE
SARA	-	SOTHERN	KANSAS

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/yyyy	40. PLACE OF FINAL DISPOSITION: FOREST LAWN MEMORIAL PARK
03/24/2011	[redacted]

41. TYPE OF DISPOSITION(S): BU

42. NAME OF FUNERAL ESTABLISHMENT	43. LICENSE NUMBER	44. SIGNATURE OF LOCAL REGISTRAR	45. DATE mm/dd/yyyy
MOUNT SINAI MORTUARY	FD1010	[redacted]	03/23/2011

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY: ☒ IP ☐ ER/OP ☐ DOA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ Home ☐ Nursing Home/SNF ☐ Residence ☐ Hospice ☐ Other	105. CITY
CEDARS-SINAI MEDICAL CENTER			LOS ANGELES

104. COUNTY	106. FACILITY ADDRESS OR LOCATION (Street and number, or location)
LOS ANGELES	8700 BEVERLY BLVD

CAUSE OF DEATH

107. CAUSE OF DEATH

		Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(a) CARDIOPULMONARY ARREST	5 MINS	☐ YES ☒ NO
Sequentially list conditions, if any, leading to the cause on Line A. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	(b) CONGESTIVE HEART FAILURE	5 YRS	109. BIOPSY PERFORMED? ☐ YES ☒ NO
	(c) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	10 YRS	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
	(d)		111. DID INJURY CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: PNEUMONIA

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? ☐ YES ☒ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

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]	G11061	03/23/2011

(F) Decedent Attended Since mm/dd/yyyy	(S) Decedent Last Seen Alive mm/dd/yyyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
--/--/1995	03/22/2011	[redacted] D.

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: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined

120. INJURED AT WORK?	121. INJURY DATE mm/dd/yyyy	122. HOUR (24 Hours)
☐ YES ☐ NO ☐ UNK		

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
[redacted]		

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						01000100174152		

This is a true and correct 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.

Jonathan E. Fielding MD MPH

MAR 24 2011

1000022229

DATE ISSUED

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