STAVEDE CALD OF CRIMA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

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1. NAME OF DECEDI	STATE FILE NUMBER NAME OF DECEDENT- FIRST (Given)		STATE OF CAL FORMA USE BUJCK INK ONLY (NO ERSENTES, WHITPOUTS OR ALT EPATIONS 2. MIDDLE 3. LAST (Pagilly)				LOCAL REGISTRATION NUMBER		
MARTIN AKA, ALSO KNOWN	AS - Include full AKA (FIRST	T, MIDDLE, LAST)	JAMES	14. DATE OF	BIATH mm/dd/cc	V 5 AGE YOU	IF UNDER ONE YEAR	IF UNDER 24 HOURS	6. SEX
- 27.0				06/20/	1928	89	Months Days	Hours Minute	M
9. BIRTH STATE/FOR	EIGN COUNTRY 10.	SOCIAL SECURITY	NUMBER 11. EVER IN YES	photosis production	2. MARITAL STATUS/		7. DATE OF DEATH m 07/15/2017	AND ADDRESS OF THE PARTY OF THE	28
(see worksheet on bar		DECEDENT HISPANIC	/LATINO(A)/SPANISH? (If yes,		AUCASIA		may be listed (see worksh	eet on back)	
-1111	TION - Type of work for most	t of life. DO NOT USE	TO THE RESIDENCE OF THE PARTY O	KIND OF BUSINESS OR INC		y store, road constr	uction, employment agency	200	IN OCCUPAT
ACTOR 20. DECEDENT'S RES	SIDENCE (Street and number	er, or location)	E	NTERTAINMEN			**************************************	70	
21. CITY LOS ANGE		120	DUNTY/PROVINCE			24. YEARS IN COU	INTY 25. STATE/FOREIG		
LOS ANGE	LES		S ANGELES	23. ZIP C	ODE	59	CA CA	GN COUNTHY	*** **********************************
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28. NAME OF SURVI	IVING SPOUSE/SRDP'-FIR8	IT	29. MIDDLE	7 3 3 2 v	30. LAST (BIRTH	NAME)	- 1	感情的	100
31 NAME OF FATHE	R/PARENT-FIRST		32. MIDDLE		33. LAST	40	MY	34. 1311	IHSIAIE
MORRIS 35. NAME OF MOTH	IER/PARENT-FIRST		36. MIDDLE		LANDAL 37 LAST (BIPTI			2181 2	TRIA
SELMA		13/1/2	-		BUCHM	1111		NY	1/5
39. DISPOSITION DAT 07/21/2017		ICE OF FINAL DISPO	BETH DAY	VID CEMETER	111	Or A	MM	MIT	7
41. TYPE OF DISPOS	RITION(S)	74.	42 SIGNA	TURE OF EMBALMER			21111	48. LICENSE	NUMBER
The state of the s	RAL ESTABLISHMENT ROTHERS WES MEMORIAL PAR	STWOOD	45. LICEN	SE NUMBER 46, SIGNATUI	RE OF LOCAL REG	STR/IR	-	47. DATE mn	
VILLAGE N	MEMORIAL PAR	SIZ & MACIO						07/20/2	2017
101. PLACE OF DEAT	TH	The Mora	TUARY FD95	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	HOSPITAL, SPECIF	YONE 103.	IF OTHER THAN HOSPITA	THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IN COL	
101. PLACE OF DEAT	TH REAGAN UCLA	MEDICAL	CENTER		IA CAVOP	ONE 103.	Hospice Home	AL SPECIFY ONE	H
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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



Director of Public Health and Registrar

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

PBNCO (REV) 10/12