# STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES
## DEPARTMENT OF PUBLIC HEALTH

3052024209131 — STATE FILE NUMBER

**CERTIFICATE OF DEATH**
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 7/24)

3202419045845 — LOCAL REGISTRATION NUMBER

**DECEDENT'S PERSONAL DATA**

| 1. NAME OF DECEDENT–FIRST (Given) | 2. MIDDLE | 3. LAST (Family) |
|---|---|---|
| DONALD | DRAKE | HOGESTYN |

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST): DRAKE HOGESTYN

| 4. DATE OF BIRTH mm/dd/ccyy | 5. AGE Yrs | IF UNDER ONE YEAR Months | Days | IF UNDER 24 HOURS Hours | Minutes | 6. SEX |
|---|---|---|---|---|---|---|
| 09/29/1953 | 70 | | | | | M |

| 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/ccyy | 8. HOUR (24 Hours) |
|---|---|---|---|---|---|
| CA | [redacted] | YES [ ] NO [X] UNK [ ] | MARRIED | 09/28/2024 | 0200 |

| 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) |
|---|---|---|
| BACHELOR | YES [ ] NO [X] | 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 |
|---|---|---|
| ACTOR | ENTERTAINMENT | 40 |

**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] | [redacted] | [redacted] | 45 | CA |

**INFORMANT**

26. INFORMANT'S NAME, RELATIONSHIP: VICTORIA HOGESTYN, SPOUSE

27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip): [redacted]

**SPOUSE/RDP AND PARENT INFORMATION**

| 28. NAME OF SURVIVING SPOUSE/SRDP–FIRST | 29. MIDDLE | 30. LAST (BIRTH NAME) |
|---|---|---|
| VICTORIA | - | POST |

| 31. NAME OF PARENT–FIRST | 32. MIDDLE | 33. LAST (BIRTH NAME) | 34. BIRTH STATE |
|---|---|---|---|
| WILLIAM | - | HOGSTYN | NY |

| 35. NAME OF PARENT–FIRST | 36. MIDDLE | 37. LAST (BIRTH NAME) | 38. BIRTH STATE |
|---|---|---|---|
| MILDRED | - | WHARRY | AR |

**FUNERAL DIRECTOR/LOCAL REGISTRAR**

| 39. DISPOSITION DATE mm/dd/ccyy | 40. PLACE OF FINAL DISPOSITION |
|---|---|
| 10/03/2024 | RESIDENCE VICTORIA HOGESTYN |

| 41. TYPE OF DISPOSITION(S) | 42. SIGNATURE OF EMBALMER | 43. LICENSE NUMBER |
|---|---|---|
| CREMATE/RESIDENCE | [redacted] | - |

| 44. NAME OF FUNERAL ESTABLISHMENT | 45. LICENSE NUMBER | 46. SIGNATURE OF LOCAL REGISTRAR | 47. DATE mm/dd/ccyy |
|---|---|---|---|
| ROSE FAMILY FUNERAL HOME | [redacted] | [redacted] | 10/01/2024 |

**PLACE OF DEATH**

| 101. PLACE OF DEATH | 102. IF HOSPITAL, SPECIFY ONE | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE |
|---|---|---|
| RESIDENCE | IP [ ] ER/OP [ ] DOA [ ] | Home [X] Nursing Facility [ ] Hospice [ ] Other [ ] |

| 104. COUNTY | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) | 106. CITY |
|---|---|---|
| LOS ANGELES | [redacted] | MALIBU |

**CAUSE OF DEATH**

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate.

| | | Time (Units) Between Onset and Death | 108. DEATH REPORTED TO CORONER? |
|---|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | (A) PANCREATIC CANCER | (AT) YRS | YES [ ] NO [X] |
| Sequentially list conditions, if any, leading to cause (A). Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | (B) | (BT) | 109. BIOPSY PERFORMED? YES [ ] NO [X] |
| | (C) | (CT) | 110. AUTOPSY PERFORMED? YES [X] NO [ ] |
| | (D) | (DT) | 111. USED IN DETERMINING CAUSE? YES [ ] NO [ ] |

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: VOMITING, DEHYDRATION, WHOLE BODY TOXICITY

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO

113A. DECEDENT PREGNANT IN LAST YEAR? YES [ ] NO [X] 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: [redacted]

| 116. LICENSE NUMBER | 117. DATE mm/dd/ccyy |
|---|---|
| A77850 | 10/01/2024 |

| Decedent Attended Since (A) mm/dd/ccyy | Decedent Last Seen Alive (B) mm/dd/ccyy |
|---|---|
| 09/21/2024 | 09/28/2024 |

**CORONER'S USE ONLY**

119. 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/ccyy | 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/ccyy | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER |
|---|---|---|
| [redacted] | | |

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



CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.

*I00019853*

VE, MD
Health Officer and Registrar

OCT -4 2024
DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE