

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052015255948

CERTIFICATE OF DEATH

3201519057530

STATE FILE NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASURES, WHITE OUTS OR ALTERATIONS
VS-1 (REV 3/08)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) IAN		2. MIDDLE FRASER		3. LAST (Family) KILMISTER	
4. DATE OF BIRTH mm/dd/yyyy 12/24/1945				5. AGE Yrs 70	6. SEX M
9. BIRTH STATE/FOREIGN COUNTRY UNTD KGDM		10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SROP (at Time of Death) NEVER MARRIED	7. DATE OF DEATH mm/dd/yyyy 12/28/2015
13. EDUCATION - Highest Level/Degree 12 ND		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MUSICIAN			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT	19. YEARS IN OCCUPATION 55	
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]					
21. CITY WEST HOLLYWOOD		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90069	24. YEARS IN COUNTY 30
25. STATE/FOREIGN COUNTRY CA					
26. INFORMANT'S NAME, RELATIONSHIP TODD SINGERMAN, EXECUTOR					
27. NAME OF SURVIVING SPOUSE/SROP - FIRST [REDACTED]					
28. MIDDLE [REDACTED]					
29. LAST (BIRTH NAME) [REDACTED]					
31. NAME OF FATHER/PARENT - FIRST GEORGE		32. MIDDLE [REDACTED]		33. LAST WILLIS	34. BIRTH STATE UNTD KGDM
35. NAME OF MOTHER/PARENT - FIRST UNKNOWN		36. MIDDLE [REDACTED]		37. LAST (BIRTH NAME) SIMPSON	38. BIRTH STATE UNTD KGDM
39. DISPOSITION DATE mm/dd/yyyy 01/08/2016		40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068			
41. TYPE OF DISPOSITION CR/BU/RES		42. SIGNATURE OF EMBALMER [REDACTED]		43. LICENSE NUMBER [REDACTED]	
44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMR PRKS & MTYS		45. LICENSE NUMBER FD904	46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	47. DATE mm/dd/yyyy 01/06/2016	
101. PLACE OF DEATH RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> PICU <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
104. COUNTY LOS ANGELES		105. CITY WEST HOLLYWOOD			
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 hypotension for fatal events if showing the etiology. DO NOT abbreviate.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PROSTATE CANCER		(AT) WKS	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
(B) CARDIAC ARRHYTHMIA		(BT) MOS	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
(C) CONGESTIVE HEART FAILURE		(CT) MOS	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
(D) LAST		(DT) <input type="checkbox"/> YES <input type="checkbox"/> NO	111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
14. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: [REDACTED] Decedent Last Seen Alive: [REDACTED]		114. SIGNATURE AND TITLE OF DECEDENT [REDACTED]		116. LICENSE NUMBER [REDACTED]	117. DATE mm/dd/yyyy 01/02/2016
(A) mm/dd/yyyy 04/11/2007		(B) mm/dd/yyyy 12/28/2015			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE mm/dd/yyyy	122. HOUR (24 Hours)	
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 [REDACTED]		127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR					

This is a true and correct copy as reported filed in the County of Los Angeles Department of Public Health and the Registrar's signature in purple ink.

[Signature]
VF
DATE ISSUED

JAN 19 2016 0009552*

Director of Public Health and Registrar

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

Page 13 (SPS) 10-12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

