

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052018183865

## CERTIFICATE OF DEATH

3201819040938

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST (Given) MALCOLM		2. MIDDLE JAMES	
3. LAST (Family) MCCORMICK		4. DATE OF BIRTH mm/dd/yyyy 01/19/1992	
5. AGE Yrs. 26		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 09/07/2018		8. HOUR (24 Hours) 1151	
9. BIRTH STATE/FOREIGN COUNTRY PENNSYLVANIA		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/SDOP (at Time of Death) NEVER MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MUSICIAN		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		18. YEARS IN OCCUPATION 11	
19. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]			
20. CITY [REDACTED]		21. COUNTY/PROVINCE [REDACTED]	
22. ZIP CODE [REDACTED]		23. YEARS IN COUNTY 7	
24. STATE/FOREIGN COUNTRY CALIFORNIA		25. INFORMANT'S NAME, RELATIONSHIP KAREN MEYERS, MOTHER	
26. NAME OF SURVIVING SPOUSE/SDOP-FIRST -		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) [REDACTED]	
28. MIDDLE -		29. LAST (BIRTH NAME) -	
30. NAME OF FATHER/PARENT-FIRST MARK		31. MIDDLE -	
32. LAST MCCORMICK		33. BIRTH STATE OH	
34. NAME OF MOTHER/PARENT-FIRST KAREN		35. MIDDLE -	
36. LAST (BIRTH NAME) MEYERS		37. BIRTH STATE PA	
38. DISPOSITION DATE mm/dd/yyyy 09/11/2018		39. PLACE OF FINAL DISPOSITION [REDACTED]	
40. TYPE OF DISPOSITION(S) TR/BU		41. SIGNATURE OF EMBALMER [REDACTED]	
42. LICENSE NUMBER [REDACTED]		43. NAME OF FUNERAL ESTABLISHMENT HILLSIDE MEMORIAL PARK MORTUARY	
44. LICENSE NUMBER [REDACTED]		45. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
46. DATE mm/dd/yyyy 09/11/2018		47. PLACE OF DEATH RESIDENCE	
48. COUNTY LOS ANGELES		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]	
50. CITY [REDACTED]		51. CAUSE OF DEATH Enter the chain of events -- disease, injury, or complication -- 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. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) (B) DEFERRED (C) Sequence, list conditions, if any, leading to cause on line A. Include UNDERLYING CAUSE (disease or 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	
52. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		53. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other	
54. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other		55. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
56. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		57. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		59. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
60. 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 mm/dd/yyyy Decedent Last Seen Alive mm/dd/yyyy		61. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
62. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]		63. LICENSE NUMBER [REDACTED]	
64. DATE mm/dd/yyyy 09/11/2018		65. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP. CORONER	
66. MANNER 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		67. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
68. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]		69. INJURY DATE mm/dd/yyyy [REDACTED]	
70. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]		71. HOUR (24 Hours) [REDACTED]	
72. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]		73. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]	
74. DATE mm/dd/yyyy 09/11/2018		75. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP. CORONER	
76. STATE REGISTRAR A B C D E		77. FAX AUTH.# [REDACTED]	
78. CENSUS TRACT [REDACTED]		79. DATE ISSUED SEP 17 2018	

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.

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Director of Public Health and Registrar  
DO 21

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

PBNC (REV) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE