

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012152096

CERTIFICATE OF DEATH

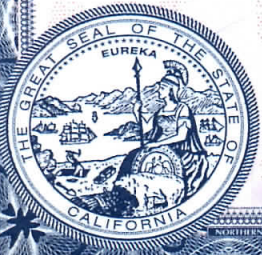
3201219034335

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV 3/06)

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT- FIRST (Given) ANTHONY		2. MIDDLE DAVID		3. LAST (Family) SCOTT	
	AKA. ALSO KNOWN AS-- Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 06/21/1944	5. AGE Yrs. 68
	9. BIRTH STATE/FOREIGN COUNTRY ENGLAND		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	
USUAL RESIDENCE	12. MARITAL STATUS/SROP* (at time of death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 08/19/2012		8. HOUR (24 Hours) 1520	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO(A)/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) CAUCASIAN	
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FILM DIRECTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MOVIE INDUSTRY		19. YEARS IN OCCUPATION 43	
INFORMANT	20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]					
	21. CITY [REDACTED]		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE [REDACTED]	
	24. YEARS IN COUNTY 27		25. STATE/FOREIGN COUNTRY CALIFORNIA			
SPOUSE/SROP AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP DONNA WILSON SCOTT, WIFE					
	28. NAME OF SURVIVING SPOUSE/SROP*-FIRST DONNA		29. MIDDLE -		30. LAST (BIRTH NAME) WILSON	
	31. NAME OF FATHER/PARENT-FIRST FRANK		32. MIDDLE PERCY		33. LAST SCOTT	
FUNERAL DIRECTORY/ LOCAL REGISTRAR	34. BIRTH STATE ENGLAND		35. NAME OF MOTHER/PARENT-FIRST ELIZABETH		36. MIDDLE -	
	37. LAST (BIRTH NAME) WILLIAMS		38. BIRTH STATE ENGLAND		39. DISPOSITION DATE mm/dd/yyyy 08/24/2012	
	40. PLACE OF FINAL DISPOSITION RESIDENCE OF DONNA WILSON SCOTT 614 N. LA PEER DRIVE, WEST HOLLYWOOD, CA 90069					
PLACE OF DEATH	41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF FUNERAL HOME [REDACTED]		43. LICENSE NUMBER EMB8925	
	44. NAME OF FUNERAL ESTABLISHMENT HOLLYWOOD FUNERAL HOME		45. LICENSE NUMBER FD1651		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
	47. DATE mm/dd/yyyy 08/22/2012					
CAUSE OF DEATH	101. PLACE OF DEATH OCEAN		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Deceased's Home <input checked="" type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> VDE/CITY <input type="checkbox"/> Other	
	104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) UNDER VINCENT THOMAS BRIDGE		106. CITY SAN PEDRO	
	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. IMMEDIATE CAUSE (A) DEFERRED (Final disease or condition resulting in death) (B) _____ (C) _____ (D) _____ 108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER: 2012-05503 (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? (C) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? (D) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
PHYSICIAN'S CERTIFICATION	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					
	114. 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 (A) mm/dd/yyyy Decedent Last Seen Alive (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER [REDACTED]	
CORONER'S USE ONLY	117. DATE mm/dd/yyyy 08/22/2012					
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]					
	119. 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"/> 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		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]						
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]						
124. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]						
125. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		127. DATE mm/dd/yyyy 08/22/2012		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER EVONNE D REED, DEPUTY CORONER		

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



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.

Amie Marie Fielding MD
VB

DATE ISSUED

AUG 31 2012 0004387*

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