STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052014134071 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/08)

3201419029806 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)
JAMES	SCOTT	GARNER

AKA (ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST))

4. DATE OF BIRTH (mm/dd/ccyy)	5. AGE (Yrs.)	IF UNDER ONE YEAR (Months / Days)	IF UNDER 24 HOURS (Hours / Minutes)	6. SEX
04/07/1928	86			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)
OK	[redacted]	[X] YES [ ] NO [ ] UNK	MARRIED	07/19/2014	2004

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)
08	[ ] YES [X] NO	CAUCASIAN

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	60

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
LOS ANGELES	LOS ANGELES	[redacted]	60	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: LOIS J. GARNER, WIFE [redacted]

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP - FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
LOIS	JOSEPHINE	CLARK	
31. NAME OF FATHER/PARENT - FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
WELDON	WARREN	BUMGARNER	OK
35. NAME OF MOTHER/PARENT - FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
MILDRED	SCOTT	MEEK	OK

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE (mm/dd/ccyy)			
07/24/2014	[redacted]		
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**		**43. LICENSE NUMBER**
CR/RES	[redacted]		-
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE (mm/dd/ccyy)**
FOREST LAWN MEMR PRKS & MTYS	FD904	[redacted]	07/25/2014

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RESIDENCE	[ ] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/ LTC [X] Decedent's Home [ ] Other	
104. COUNTY	**105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, city/location)**	**106. CITY**	
LOS ANGELES	[redacted]	LOS ANGELES	

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 Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) ACUTE MYOCARDIAL INFARCTION	(AI) MINS
Sequentially, list conditions, if any, leading to (A). Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B) CORONARY ARTERY DISEASE	(BI) YRS
	(C)	(CI)
	(D)	(DI)

108. DEATH REPORTED TO CORONER?	109. BIOPSY PERFORMED?	110. AUTOPSY PERFORMED?	111. USED IN DETERMINING CAUSE?
[ ] YES [X] NO	[ ] YES [X] NO	[ ] YES [X] NO	[ ] YES [ ] 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? [ ] YES [ ] NO [ ] 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.

Decedent Attended Since (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
04/23/2009	07/16/2014	[redacted]	A81411	07/21/2014

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: JONATHAN D. WEAVER M.D. [redacted]

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
						010001002692695		

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.

Jonathan E Fielding MD
VB

DATE ISSUED JUL 29 2014

I00008168

Director of Public Health and Registrar

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