

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER <b>3052009205417</b>		<b>CERTIFICATE OF DEATH</b> <small>PRINT OR TYPE IN FULL</small>		LOCAL REGISTRATION NUMBER <b>3200919051390</b>	
1. NAME OF DECEDENT -- FIRST (Given)		2. MIDDLE		3. LAST (Family)	
BRITTANY		ANNE		MURPHY-MONJACK	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. SEX	
11/10/1977		32		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES	
GA		[REDACTED]		[REDACTED] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		12/20/2009		1005	
13. EDUCATION -- Highest Level/Cegree (Use worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE -- Up to 5 races may be listed (see worksheet on back)	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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	
ACTRESS		ENTERTAINMENT		19	
20. DECEDENT'S RESIDENCE (Street and number or location)					
[REDACTED]					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
LOS ANGELES		LOS ANGELES		[REDACTED]	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP*	
20		CA		[REDACTED]	
27. NAME OF SURVIVING SPOUSE -- FIRST					
SIMON					
28. MIDDLE		29. LAST (Middle Initial)		30. BIRTH STATE	
MARK		MONJACK		UNK	
31. NAME OF FATHER -- FIRST		32. MIDDLE		33. LAST	
UNKNOWN		UNKNOWN		UNKNOWN	
34. NAME OF MOTHER -- FIRST		35. MIDDLE		36. LAST (Mother)	
SHARON		KATHLEEN		MURPHY	
37. DISPOSITION DATE mm/dd/yyyy		38. PLACE OF FINAL DISPOSITION		39. LICENSE NUMBER	
12/24/2009		FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90088		[REDACTED]	
40. TYPE OF DISPOSITION*		41. LICENSE NUMBER		42. DATE mm/dd/yyyy	
BU		[REDACTED]		12/23/2009	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER		45. DATE mm/dd/yyyy	
FOREST LAWN MEMR PRKS & MITYS		FD 904		[REDACTED]	
101. PLACE OF DEATH		102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
CEDARS SINAI MEDICAL CENTER		LOS ANGELES 8700 BEVERLY BLVD		[REDACTED]	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. DEATH REPORTED TO CORONER?	
LOS ANGELES		LOS ANGELES 8700 BEVERLY BLVD		[REDACTED] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		[REDACTED]		[REDACTED] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IN DEFERRED		[REDACTED]		[REDACTED] <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. PROPERLY PERFORMED?		111. AUTOPSY PERFORMED?		112. USED IN DETERMINING CAUSE?	
[REDACTED] <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		[REDACTED] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		[REDACTED] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		114. IF FEMALE, PREGNANT IN LAST YEAR		115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	
NONE		[REDACTED] <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		[REDACTED]	
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.		117. SIGNATURE AND TITLE OF CERTIFIER		118. LICENSE NUMBER	
[REDACTED]		[REDACTED]		[REDACTED]	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
[REDACTED]		[REDACTED] <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		[REDACTED]	
122. MANNER OF DEATH <input type="checkbox"/> Nature <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		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
[REDACTED]		[REDACTED]		[REDACTED]	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]		12/23/2009	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. FAX AUTH. #		130. CENSUS TRACT	
EVONNE D REED, DEPUTY CORONER		[REDACTED]		[REDACTED]	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
[REDACTED]		[REDACTED]		[REDACTED]	

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.

Jonathan E Fielding mo  
VD

DATE ISSUED

DEC 29 2009 0000062\*

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