

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052019089744

CERTIFICATE OF DEATH

3201919020257

STATE FILE NUMBER

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

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) JOHN		2. MIDDLE D		3. LAST (Family) SINGLETON	
	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy 01/06/1968	5. AGE Yrs. 51	6. SEX M
	9. BIRTH STATE/FOREIGN COUNTRY CA	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/SRDP (at Time of Death) DIVORCED		7. DATE OF DEATH mm/dd/ccyy 04/28/2019
	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR	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) AFRICAN AMERICAN			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED WRITER DIRECTOR AND PRODUCER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FILMMAKER AND ENTERTAINMENT		19. YEARS IN OCCUPATION 26	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]					
	21. CITY LOS ANGELES	22. COUNTY/PROVINCE LOS ANGELES	23. ZIP CODE 90008	24. YEARS IN COUNTY 51	25. STATE/FOREIGN COUNTRY CA	
	26. INFORMANT'S NAME, RELATIONSHIP JUSTICE SINGLETON, DAUGHTER					
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
	31. NAME OF FATHER/PARENT - FIRST DANNY		32. MIDDLE BURT		33. LAST SINGLETON	
	35. NAME OF MOTHER/PARENT - FIRST SHELIA		36. MIDDLE LOUISE		37. LAST (BIRTH NAME) WARD	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/ccyy 05/06/2019		40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068			
	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER [REDACTED]		43. LICENSE NUMBER EMB9073	
	44. NAME OF FUNERAL ESTABLISHMENT ANGELUS FUNERAL HOME		45. LICENSE NUMBER FD 243	46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		
PLACE OF DEATH	101. PLACE OF DEATH CEDARS SINAI MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OIP <input type="checkbox"/> DQA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY LOS ANGELES	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 8700 BEVERLY BLVD			106. CITY LOS ANGELES	
	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.					
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) ACUTE ISCHEMIC STROKE		Time interval Between Onset and Death (AT) DAYS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) INTRACEREBRAL HEMORRHAGE		(BT) DAYS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	(C) HYPERTENSION		(CT) YRS		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	(D) NONE		(DT)		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						
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: Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER A123300	
	(A) mm/dd/ccyy 04/17/2019	(B) mm/dd/ccyy 04/28/2019	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SHAHED TOOSI M.D. LOS ANGELES, CA 90048			
	117. DATE mm/dd/ccyy 05/01/2019					
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 <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <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/ccyy	
	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/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		

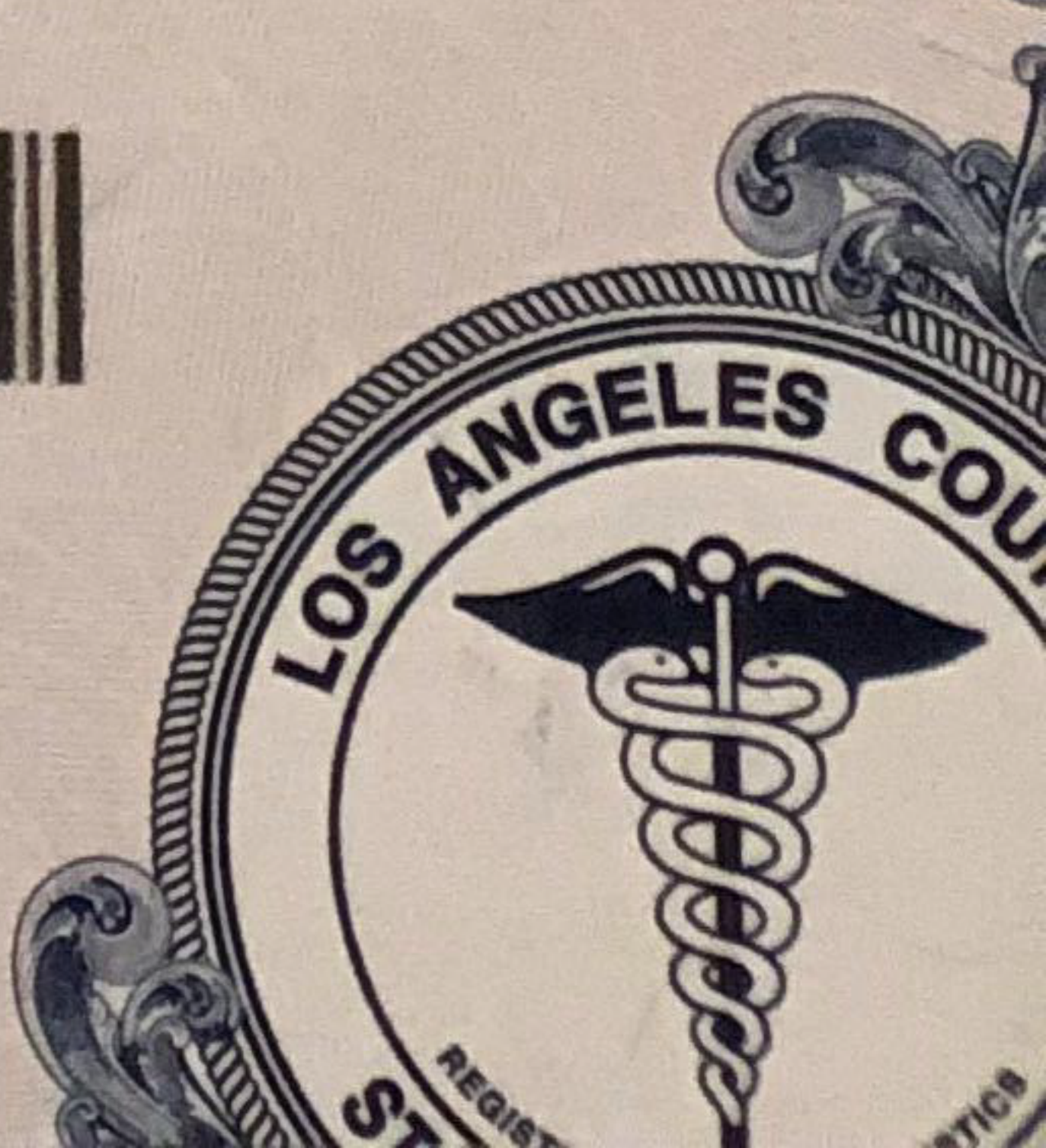
STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.

Yunfeng D. D. MD
 Health Officer and Registrar **VR**

DATE ISSUED **MAY - 6 2019**



This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.