STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013155758 (STATE FILE NUMBER)

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

3201319034956 (LOCAL REGISTRATION NUMBER)

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)
LISA	ROBIN	KELLY

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
03/05/1970	43					F

8. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	9. HOUR (24 Hours)
CT	[redacted]	YES [X] NO UNK	MARRIED	08/15/2013	0807

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)
BACHELOR	YES [ ] NO [X]	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
ACTOR	TELEVISION AND FILM	-

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location, and city, state and zip) [redacted]

1 OF 2

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
TUJUNGA	LOS ANGELES	91042	1	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP
ROBERT GILLIAM, SPOUSE

27. INFORMANT'S MAILING ADDRESS (Street and number, or location, city, state and zip) [redacted]

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP - FIRST	29. MIDDLE	30. LAST (BIRTH NAME)
ROBERT	JOSEPH	GILLIAM

31. NAME OF FATHER/PARENT - FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
THOMAS	CARL	KELLY	MA

35. NAME OF MOTHER/PARENT - FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
LINDA	DIANE	GRIMM	PA

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
08/26/2013	RESIDENCE OF LINDA KELLY [redacted]

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/TR/RES	[redacted]	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
HAWTHORNE MORTUARY	FD 2022	[redacted]	08/20/2013

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
REHABILITATION/DETOX CENTER	ER/OP [ ] DOA [ ]	Hospice [ ] Nursing Home/SNF [ ] Residence [ ] Other [X]

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
LOS ANGELES	[redacted]	ALTADENA

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) DEFERRED

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) (C) (D)

Time Interval Between Onset and Death (A) -

108. DEATH REPORTED TO CORONER? [X] YES [ ] NO — INVESTIGATION NUMBER 2013-05708

(B) 109. BIOPSY PERFORMED? [ ] YES [X] NO

(C) 110. AUTOPSY PERFORMED? [X] YES [ ] NO

(D) 111. USED IN DETERMINING CAUSE? [X] 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.)	113A. IF FEMALE, PREGNANT IN LAST YEAR?
NO	YES [ ] NO [X] 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	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
Decedent Attended Since (A) mm/dd/ccyy — Decedent Last Seen Alive (B) mm/dd/ccyy	[redacted]		

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE

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	120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
Natural [ ] Accident [ ] Homicide [ ] Suicide [X] Pending investigation [ ] Could not be determined	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]	08/20/2013	REGINA M AUGUSTINE, DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						010001002426417		

INFORMATIONAL, 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 MD MPH

DATE ISSUED JAN - 6 2014

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Director of Public Health and Registrar

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3052013155758 — STATE FILE NUMBER

3201319034956 — LOCAL REGISTRATION NUMBER

1.1

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

	1A. NAME—FIRST	1B. MIDDLE	1C. LAST	2. SEX
INFORMATION AS IT APPEARS ON ORIGINAL RECORD	LISA	ROBIN	KELLY	F
	3. DATE OF EVENT—MM/DD/CCYY	4. CITY OF EVENT	5. COUNTY OF EVENT	
	08/15/2013	ALTADENA	LOS ANGELES	

2 OF 2

PART II STATEMENT OF CORRECTIONS

	6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
LIST ONE ITEM PER LINE	107A	DEFERRED	MULTIPLE DRUG INTOXICATION
	107AT	-	UNK
	119	PENDING INVESTIGATION	ACCIDENT
	120		NO
	121		08/15/2013
	122		UNK
	123		RESIDENTIAL INSTITUTION
	124		ORAL INGESTION
	125		324 WARELLO STREET, ALTADENA, CA 91001

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DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	10. DATE SIGNED—MM/DD/CCYY	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER
[redacted]	12/31/2013	DME

	13. CITY	14. STATE	15. ZIP CODE
[redacted]	LOS ANGELES	CA	[redacted]

STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR	17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY
	[redacted]	01/03/2014

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Jonathan E Fielding MD

VB

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