

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES**

**DEPARTMENT OF PUBLIC HEALTH**

3052020286394

**CERTIFICATE OF DEATH**

3202019067252

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>TOMMY</b>		2. MIDDLE <b>DEBO</b>	
3. LAST (Family) <b>LISTER</b>			
4. DATE OF BIRTH mm/dd/yyyy <b>06/24/1958</b>			
5. AGE Yrs. <b>62</b>		6. SEX <b>M</b>	
7. DATE OF DEATH mm/dd/yyyy <b>12/10/2020</b>		8. HOUR (24 Hours) <b>1600</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		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) <b>MARRIED</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14. DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ACTOR</b>		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>AFRICAN AMERICAN</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ACTOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ENTERTAINMENT</b>	
19. YEARS IN OCCUPATION <b>40</b>			
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]			
21. CITY <b>MARINA DEL REY</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>	
23. ZIP CODE <b>90292</b>		24. YEARS IN COUNTY <b>62</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>FELICIA LISTER, SPOUSE</b>			
27. INFORMANT'S MAILING ADDRESS (Street and number, or post office number, city or town, state and zip) [REDACTED]			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>FELICIA</b>		29. MIDDLE <b>SYLVIA</b>	
30. LAST (BIRTH NAME) <b>FORDES</b>			
31. NAME OF FATHER/PARENT - FIRST <b>TOMMY</b>		32. MIDDLE <b>-</b>	
33. LAST <b>LISTER SR.</b>		34. BIRTH STATE <b>CA</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>MILDRED</b>		36. MIDDLE <b>-</b>	
37. LAST (BIRTH NAME) <b>EDWARDS</b>		38. BIRTH STATE <b>CA</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>12/17/2020</b>		40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF FELICIA LISTER</b>	
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER [REDACTED]	
43. LICENSE NUMBER [REDACTED]		44. NAME OF FUNERAL ESTABLISHMENT <b>NATURAL GRACE</b>	
45. LICENSE NUMBER <b>FD2066</b>		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
47. DATE mm/dd/yyyy <b>12/17/2020</b>			
101. PLACE OF DEATH <b>RESIDENCE</b>			
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ITC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ITC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]	
106. CITY <b>MARINA DEL REY</b>			
107. CAUSE OF DEATH Enter the chain of events -- disease, 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. <b>(A) DEFERRED</b>		Time Interval Between Onset and Death (AT) <b>2020-11539</b>	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
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 (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
116. LICENSE NUMBER [REDACTED]		117. DATE mm/dd/yyyy [REDACTED]	
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 type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy [REDACTED]	
122. HOUR (24 Hours) [REDACTED]			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]			
126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		127. DATE mm/dd/yyyy <b>12/16/2020</b>	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>EVONNE D REED, DEPUTY CORONER</b>			

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NOT FOR PUBLICATION  
ESTABLISHED DOCUMENT

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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.

*Evonne D Reed, MD* DATE ISSUED  
 Health Officer and Registrar

**JAN 11 2021**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES**

**DEPARTMENT OF PUBLIC HEALTH**

3052020286394

**AFFIDAVIT TO AMEND A RECORD**

3202019067252

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

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**

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST TOMMY	1B. MIDDLE DEBO	1C. LAST LISTER	
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 12/10/2020	4. CITY OF EVENT MARINA DEL REY	5. COUNTY OF EVENT LOS ANGELES
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD TOMMY - LISTER SR.		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD MILDRED - EDWARDS	

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**PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD**

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
30	FORDES	FORBES

LIST ONE ITEM PER LINE

**INFORMATIONAL**  
**NOT A VALID DOCUMENT**  
**TO ESTABLISH IDENTITY**

11. SPOUSE NAME ERROR

REASON FOR CORRECTION

**We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.**

AFFIDAVITS AND SIGNATURES	12A. SIGNATURE OF FIRST PERSON	12B. PRINTED NAME SHARI WOLF	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		12E. DATE SIGNED—MM/DD/CCYY 12/23/2020
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	13A. SIGNATURE OF SECOND PERSON	13B. PRINTED NAME THANH RANDELL	13C. TITLE/RELATIONSHIP TO PERSON IN PART I OFFICE MANAGER
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		13E. DATE SIGNED—MM/DD/CCYY 12/23/2020
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR		15. DATE ACCEPTED FOR REGISTRATION 12/24/2020

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

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100014791

*Shari Wolf*  
 Health Officer and Registrar

DATE ISSUED

JAN 11 2021

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