

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052024186369

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-13 (REV 7/24)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) JOHN 2. MIDDLE ALLEN 3. LAST (Family) AMOS, JR

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

4. DATE OF BIRTH mm/dd/yyyy 12/27/1939 5. AGE Yrs 84 6. SEX M

7. DATE OF DEATH mm/dd/yyyy 08/21/2024 8. HOUR (24 Hour) 1718

9. BIRTH STATE/FOREIGN COUNTRY N.J. 10. SOCIAL SECURITY NUMBER [REDACTED] 11. EVER IN U.S. ARMED FORCES? YES NO UNK 12. MARITAL STATUS/PROP at Time of Death DIVORCED 13. EDUCATION - Highest Level/Degree (See worksheet on back) SOME COLLEGE 14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) YES 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 ACTOR AND WRITER 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT 19. YEARS IN OCCUPATION 65

20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED] 21. CITY LOS ANGELES 22. COUNTY/PROVINCE LOS ANGELES 23. ZIP CODE [REDACTED] 24. YEARS IN COUNTY 15 25. STATE/FOREIGN COUNTRY CA

26. INFORMANT'S NAME, RELATIONSHIP KELLY AMOS, SON

27. NAME OF SURVIVING SPOUSE/SRDP - FIRST [REDACTED] 28. MIDDLE [REDACTED] 29. LAST (BIRTH NAME) [REDACTED]

30. NAME OF PARENT - FIRST JOHN 31. MIDDLE ALLEN 32. LAST (BIRTH NAME) AMOS, SR 33. NAME OF PARENT - FIRST ANNA BELLE 34. MIDDLE [REDACTED] 35. LAST (BIRTH NAME) WEST 34. BIRTH STATE GA 35. BIRTH YEAR [REDACTED]

36. DISPOSITION DATE mm/dd/yyyy 08/30/2024 37. PLACE OF FINAL DISPOSITION OF DECEDENT'S REMAINS [REDACTED] 38. LICENSE NUMBER [REDACTED]

39. TYPE OF DISPOSITION (M) CREMATE/RESIDENCE 40. NAME OF FUNERAL ESTABLISHMENT OPAL CREMATION OF GREATER LOS ANGELES 41. LICENSE NUMBER FD2419 42. SIGNATURE OF LOCAL REGISTRAR [REDACTED] 43. DATE mm/dd/yyyy 08/30/2024

44. PLACE OF DEATH CENTINELA HOSPITAL MEDICAL CENTER 45. COUNTY LOS ANGELES 46. FACILITY ADDRESS OR LOCATION WHERE BOUND (Street and number, or location) [REDACTED] 47. CITY INGLEWOOD 48. IF OTHER THAN HOSPITAL, SPECIFY CARE (e.g., Home, Hospice, etc.) [REDACTED]

49. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) CONGESTIVE HEART FAILURE 100. DEATH REPORTED TO CORONER? (A) YES NO (B) YRS CL2024-13739 109. BOPSY PERFORMED? (C) YES NO 110. AUTOPSY PERFORMED? (D) YES NO 111. USED IN DETERMINING CAUSE? (E) YES NO

101. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE 112. WAS OPERATION PERFORMED (OR ANY CONDITION IN ITEM 107 OR 112)? (If yes, list type of operation and date.) NO 113. DECEDENT PREGNANT IN LAST YEAR? YES NO 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 Decedent Last Seen Alive) 115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED] 116. DATE mm/dd/yyyy 08/29/2024

117. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DAVID M FILSOOF, MD 119. INJURED AT WORK? YES NO UNK 120. INJURY DATE mm/dd/yyyy 121. HOUR (24 Hour) [REDACTED]

122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED] 123. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury) [REDACTED] 124. LOCATION OF INJURY (Street and number, or location, and city and state) [REDACTED] 125. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED] 126. DATE mm/dd/yyyy 127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]

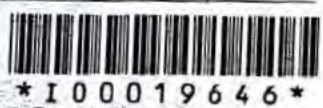
NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

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.

David M. Filsoof, MD
VE
Health Officer and Registrar DATE ISSUED



OCT -2- 2024

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

