

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012232980

CERTIFICATE OF DEATH

3201219052578

STATE FILE NUMBER 3052012232980		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/06)		LOCAL REGISTRATION NUMBER 3201219052578	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) JACK	2. MIDDLE -	3. LAST (Family) KLUGMAN		
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 04/27/1922	5. AGE Yrs. 90
	9. BIRTH STATE/FOREIGN COUNTRY PENNSYLVANIA	10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SHP* (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 12/24/2012
	13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES	15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <input checked="" type="checkbox"/> WHITE	6. SEX M	8. HOUR (24 Hours) 1223
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		19. YEARS IN OCCUPATION 60	
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]					
USUAL RESIDENCE					
21. CITY WOODLAND HILLS		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91364	24. YEARS IN COUNTY 45
25. STATE/FOREIGN COUNTRY CALIFORNIA		26. INFORMANT'S NAME, RELATIONSHIP PEGGY CROSBY KLUGMAN, WIFE			
27. INFORMANT'S MAILING ADDRESS (Street and number, or real estate number, city, state, and zip)					
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST PEGGY					
29. MIDDLE CROSBY		30. LAST (BIRTH NAME) COMPTON			
31. NAME OF FATHER/PARENT - FIRST MAX		32. MIDDLE -		33. LAST KLUGMAN	
34. BIRTH STATE RUSSIA		35. NAME OF MOTHER/PARENT - FIRST ROSE		36. MIDDLE -	
37. LAST (BIRTH NAME) HANKIN		38. BIRTH STATE RUSSIA			
39. DISPOSITION DATE mm/dd/yyyy 12/27/2012		40. PLACE OF FINAL DISPOSITION RESIDENCE OF PEGGY CROSBY KLUGMAN			
41. TYPE OF DISPOSITION(S) CR/RES					
42. NAME OF FUNERAL ESTABLISHMENT SMART CREMATION					
43. LICENSE NUMBER -		44. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		45. DATE mm/dd/yyyy 12/27/2012	
46. TYPE OF DEATH RESIDENCE					
101. PLACE OF DEATH LOS ANGELES		102. IF HOSPITAL - SPECIFY ONE <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> LOA <input type="checkbox"/> Home <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL - SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION (Street and number, or location) [REDACTED]		106. CITY WOODLAND HILLS	
107. CAUSE OF DEATH Enter the cause of death - (a) through (d) - that directly caused death. DO NOT leave vital 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) PROSTATE CANCER		108. DEATH REPORTED TO CORONER (OSR# and DE#) (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequelae, if applicable, of (A) leading to cause on line (C) or (D) CAUSE (continued)		110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. IF FEMALE, PREGNANT IN LAST YEAR <input type="checkbox"/> YES <input checked="" 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: 12/23/2012 Decedent Last Seen Alive: 12/24/2012					
115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER G85518		117. DATE mm/dd/yyyy 12/26/2012	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CAROL STEWART-HAYOSTEK M.D. 1920 COLORADO AVE, SANTA MONICA, CA 90404					
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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE mm/dd/yyyy					
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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E "010001002233806" FAX AUTH.# CENSUS TRACT

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.

DATE ISSUED

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Director of Public Health and Registrar

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

