## **COUNTY OF LOS ANGELES**

## **DEPARTMENT OF PUBLIC HEALTH**

	3052020074054			CERTIFICATE OF DEATH  USE BLACK INK ONLY IN GRASHIES, WITEOUTS OR ALTERATIONS					3202019016889		
	STATE FILE NUMBER  1. NAME OF DECEDENT- FIRST (Given)  WILLIAM		2. MIDDLI HARI	2. MIDDLE 3. LA			LOCAL REGISTRATION NUMBER THERS JR				
AL DATA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) BILL-WITHERS				4. DATE OF BIR 07/04/19	TH mm/dd/ccyy	5. AGE Yrs. 81	IF UNDER ONE YEAR Months Days	IF UNDER 24 HO	OURS 6. SEX	
DECEDENT'S PERSONAL	9. BIRTH STATE/FOREIGN COUNTR	10. SOCIAL SECU	URITY NUMBER	11, EVER IN U.S. ARMED			OP* (at Time of Death)	7. DATE OF DEATH m 03/30/2020	m/dd/ccyy	8. HOUR (24 Hours) 1044	
DENTS	TIL EDUCATION - Highwal Lond/Dugme 14/15. WAS DECEDENT HISPANICIATINO/A/SPANISH? (If yes, see workshed on back)  THIS CRACE - Up to 3 races may be felled (see workshed on back)  HIS CRACE - Up to 3 races may be felled (see workshed on back)  BLACK  BLACK										
DECE	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED 18. KIND OF BI				USINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)  19. YEARS IN OCCUPATION  49						
	24 DECEMBENCE SHAPE	et and number or location).		V	9 8 4						
USUAL RESIDENCE	21. CITY ENCINO		22. COUNTY/PROVIN		23. ZIP CODE 91436	24	YEARS IN COUR	CA 25. STATE/FORE	GN COUNTRY		
FOR-	L S. INFORMANT'S NAME, RELATIONSHIP MARCIA WITHERS, SPOUSE										
ATION N	28, NAME OF SURVIVING SPOUSE MARCIA		29. MIDDLE			O. LAST (BIRTH N		77/7	10	77	
SPOUSE/SRDP AI PARENT INFORMAT	31. NAME OF FATHER/PARENT-FII WILLIAM	RST /	32. MIDDLE HARR		3	3 LAST WITHERS	110			SA, BIRTH STATE	
	35. NAME OF MOTHER/PARENT-F	FIRST	36. MIDDLE	= 1 B	1 3	7. LAST (BIRTH N	AME)	200	1 1/3	BIRTH STATE	
	MATTIE  39. DISPOSITION DATE mm/dd/cc)	מי	ROSE	MARY		SALLOW/	417	2/(/)/	7		
JUERAL DIRECTOR.	04/11/2020 41. TYPE OF DISPOSITION(S)	100	THE	42 SIGNATURE OF EM	BALMER	_11	ME	5) -		NSE NUMBER	
	BU 44. NAME OF FUNERAL ESTABLIS FOREST LAWN M	SHMENT PRKS &	MTYS	45. LICENSE NUMBER	AR CIGNATURE	ELOCAL DECIS	FOND		AT. DATE	39058   mm/dq/cdyy	
	101, PLACE OF DEATH	70		FD904		SPITAL, SPECIFY	ONE 103. (F	OTHER THAN HOSPITA		STATE OF THE PARTY	
PLACE OF DENTH	PROVIDENCE TAI			CAL CENTER			700/17	108. CITY TARZA		iome	
CAUSE OF DEATH	LOS ANGELES  107. CAUSE OF DEATH	Enter the chain of eve as cardiac arrest, resp	nts - diseasus, triuries, iratory arrest, or ventricu	or complications that div	ectly caused death. S g the etiology DO-M	ONOT BOILD IS MIN	nal dyonis such	Time Interval Bety Onset and Dea		REPORTED TO CORONER?	
	IMMEDIATE CAUSE OF CARDIOPULMONARY ARREST (Find disease or condition feelinging)								2020	-52520 PSY PERFORMED?	
	Sequentially, list conditions, if any,	DYARRHYTH	MIA	110				YRS		res X NO	
	CAUSE (disease or	RONIC OBSTR	UCTIVE PU	LMONARY DI	SEASE	10		YRS		YES X NO	
	injury that initiated the events (D) resulting in death) LAST	1 6						OT	Section 100 months of	YES NO	
	112. OTHER SIGNIFICANT CONDIT			A. 100 1	No. of the last of	N 107	MP				
	113. WAS OPERATION PERFORMENO			yes, list type of operation.	and date.)				YES	PREGNANT IN LAST YEAR?	
NATION	114, I CERTIFY THAT TO THE BEST OF M AT THE HOUR, DATE, AND PLACE STATE Decedent Attended Since	Y KNOWLEDGE DEATH OCCUR ED FROM THE CAUSES STATED Decedent Last Seen Alim		RE AND THE OF CERTIF	FR				04	DATE mm/dd/ccyy 1/07/2020	
PHYSICIAN'S CERTIFICATION	(A) mm/dd/ccyy (B		118. TYPE ATTE	ENDING PHYSICIAN'S NA	ME, MAILING ADD	RESS, ZIP CODE	JOHNIE	SLIE SHERI	I.M NAN	D.	
CORONER'S USE ONLY	119, I CERTIFY THAT IN MY OPINION DE MANNER OF DEATH Natural	EATH OCCURRED AT THE HOU	R, DATE, AND PLACE STA	Pending Investigation	Could not be determined	120. INJURED YES	manual Marian	121. INJURY D	ATE mm/dd/ccy	y 122, HOUR (24 Hours)	
	123. PLACE OF INJURY (e.g., horn	THE THE SECTION AND THE PROPERTY OF THE PARTY OF THE PART	d area, etc.)								
	124. DESCRIBE HOW INJURY OCCUPRED (Events which resulted in injury)										
	125. LOCATION OF BUURY (Street and number, or location, and city, and zip)										
0	126 SIGNATURE OF CORONER /	DEPLITY CORONER		127. DATE	mm/dd/ccyy	128. TYPE NAME	, TITLE OF CORC	ONER / DEPUTY CORO	NER		
STA		C	D E					FAX AUTH.		CENSUS TRACT	
REGIS	IRAH	A	CERTIF	TED COPY C	A STATE OF THE PARTY OF THE PAR				111111	1 1919 19 19 91	

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.



Health Officer and Registrar

APR 20 2020