

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016255940

## CERTIFICATE OF DEATH

3201619057365

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>CARRIE</b>		3. LAST (Family) <b>FISHER</b>	
2. MIDDLE <b>FRANCES</b>		4. DATE OF BIRTH mm/dd/ccyy <b>10/21/1956</b>	
5. AGE Yrs. <b>60</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP* (at Time of Death) <b>DIVORCED</b>	
13. EDUCATION - Highest Level/Degree <b>10</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		17. DATE OF DEATH mm/dd/ccyy <b>12/27/2016</b>	
18. HOURS (24 Hours) <b>0855</b>		19. YEARS IN OCCUPATION <b>46</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>WRITER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ENTERTAINMENT</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>[REDACTED]</b>		21. CITY <b>VALENCIA</b>	
22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. ZIP CODE <b>[REDACTED]</b>	
24. YEARS IN COUNTY <b>3</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>BILLIE C. LOURD, DAUGHTER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>[REDACTED]</b>	
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST <b>-</b>		29. MIDDLE <b>-</b>	
30. LAST (BIRTH NAME) <b>-</b>		31. NAME OF FATHER/PARENT - FIRST <b>EDWARD</b>	
32. MIDDLE <b>-</b>		33. LAST <b>FISHER</b>	
34. BIRTH STATE <b>PA</b>		35. NAME OF MOTHER/PARENT - FIRST <b>MARY</b>	
36. MIDDLE <b>FRANCES</b>		37. LAST (BIRTH NAME) <b>REYNOLDS</b>	
38. BIRTH STATE <b>TX</b>		39. DISPOSITION DATE mm/dd/ccyy <b>12/31/2016</b>	
40. PLACE OF FINAL DISPOSITION <b>RES: BILLIE C. LOURD</b>		41. TYPE OF DISPOSITION(S) <b>CR/RES</b>	
42. SIGNATURE OF EMBALMER <b>[REDACTED]</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK &amp; MORTUARY</b>		45. LICENSE NUMBER <b>FD951</b>	
46. SIGNATURE OF LOCAL REGISTRAR <b>[REDACTED]</b>		47. DATE mm/dd/ccyy <b>12/30/2016</b>	
101. PLACE OF DEATH <b>RONALD REAGAN UCLA MEDICAL CENTER</b>		102. IF HOSPITAL SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> E/OP <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other		104. COUNTY <b>LOS ANGELES</b>	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>757 WESTWOOD PLAZA</b>		106. CITY <b>LOS ANGELES</b>	
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 fibrillate formation without showing the etiology. (DO NOT abbreviate.) <b>(A) CARDIAC ARREST/DEFERRED</b>		108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>2016-09419</b>	
109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? (DT) <input 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 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 Decedent Last Seen Alive (A) mm/dd/ccyy (B) mm/dd/ccyy		115. SIGNATURE AND TITLE OF CERTIFIER <b>[REDACTED]</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>[REDACTED]</b>		117. LICENSE NUMBER <b>[REDACTED]</b>	
118. 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		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURY DATE mm/dd/ccyy <b>12/30/2016</b>		121. HOUR (24 Hours) <b>[REDACTED]</b>	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>[REDACTED]</b>		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>[REDACTED]</b>	
124. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>[REDACTED]</b>		125. SIGNATURE OF CORONER / DEPUTY CORONER <b>[REDACTED]</b>	
126. DATE mm/dd/ccyy <b>12/30/2016</b>		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>REGINA AUGUSTINE, DEP. CORONER</b>	
128. STATE REGISTRAR <b>A B C D E</b>		129. FAX AUTH.# <b>[REDACTED]</b>	
130. CENSUS TRACT <b>[REDACTED]</b>		131. BARCODE <b>*010001003433138*</b>	

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.

Director of Public Health and Registrar

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

PHNCO (REV) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

