

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016087526

CERTIFICATE OF DEATH

3201619019839

STATE FILE NUMBER 3052016087526		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BACK FACSIMILE / RE ENROLLS, WHITEOUTS OR ALTERATIONS (S. 114267.306)		LOCAL REGISTRATION NUMBER 3201619019839	
1. NAME OF DECEDENT - FIRST (Given) DORIS		2. MIDDLE MAY		3. LAST (Family) ROBERTS	
4. AKA, ALSO KNOWN AS - Include full AKA (First, Middle, Last)		6. DATE OF BIRTH (month/day/year) 11/04/1925		9. AGE: Yrs 90	
9. BIRTH STATE/FOREIGN COUNTRY MO		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> URM	
12. MARITAL STATUS (at time of death) WIDOWED		7. DATE OF DEATH (month/day/year) 04/17/2016		8. HOUR (of hour) 1830	
13. EDUCATION - Highest Level/Degree (see instructions on back) DOCTORATE		14. HAD DECEDENT HISPANIC/LATINO/ASIAN/IS. (If yes, see instructions on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work (or exact title) DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., Grocery store, road construction, employment agency, etc.) ENTERTAINMENT		15. YEARS IN OCCUPATION 76	
20. DECEASED'S RESIDENCE (Street and number, or location)					
21. CITY LOS ANGELES		22. COUNTY/TOWNSHIP LOS ANGELES		23. ZIP CODE 90068	
24. YEARS IN COUNTY 43		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MICHAEL R. CANNATA, SON					
27. NAME OF SURVIVING SPOUSE (SPOF) - FIRST - MIDDLE - LAST (WITH NAME)					
28. NAME OF FATHER/PARENT - FIRST LAWRENCE		29. MIDDLE -		30. LAST (WITH NAME) GREEN	
31. NAME OF MOTHER/PARENT - FIRST ANN		32. MIDDLE -		33. LAST (WITH NAME) MILTZER	
34. DISPOSITION DATE (month/year) 05/02/2016					
36. PLACE OF FINAL DISPOSITION PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK 12118 GLENDON AVE., LOS ANGELES, CA 90024					
41. TYPE OF DISPOSITION(S) CRVB					
42. SIGNATURE OF EMERALVER [REDACTED]					
43. LICENSE NUMBER FD951					
44. NAME OF FUNERAL ESTABLISHMENT PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK & MORTUARY					
45. LICENSE NUMBER FD951					
46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]					
47. DATE (month/year) 05/02/2016					
101. PLACE OF DEATH: PROVIDENCE ST JOSEPH MEDICAL CENTER					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Doctor's Home <input type="checkbox"/> Other					
104. COUNTY LOS ANGELES					
105. FACILITY ADDRESS OR LOCATION (Street and number, or location) 501 S. BUENAVISTA ST					
106. CITY BURBANK					
107. CAUSE OF DEATH (Enter the cause of death - disease, injury, or complication - that directly caused death. DO NOT use terms "terminal disease" or "cardiac arrest," "respiratory arrest," or "ventricular fibrillation" without showing the primary. DO NOT abbreviate.) IMMEDIATE CAUSE (Final disease or condition resulting in death) LARGE HEMORRHAGIC CEREBROVASCULAR ACCIDENT HYPERTENSION PULMONARY HYPERTENSION					
108. (a) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (b) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (c) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (d) YES <input type="checkbox"/> NO <input type="checkbox"/>					
109. (a) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (b) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (c) YES <input type="checkbox"/> NO <input type="checkbox"/>					
110. (a) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (b) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (c) YES <input type="checkbox"/> NO <input type="checkbox"/>					
111. (a) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (b) YES <input type="checkbox"/> NO <input type="checkbox"/>					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WERE OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
114. I CERTIFY THIS TO THE BEST OF MY KNOWLEDGE (OR BELIEF) OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE(S) LISTED. Declarant: Attended Since: [REDACTED] Decedent Last Seen Alive: [REDACTED]					
115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]					
116. LICENSE NUMBER A100925					
117. DATE (month/year) 04/28/2016					
118. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE CEDA BADALYAN M.D.					
119. DATE (month/year) 04/16/2016					
120. RECEIVED AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>					
121. INJURY DATE (month/year) [REDACTED]					
122. HOUR (of hour) [REDACTED]					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (e.g., auto 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 (month/year) [REDACTED]					
128. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]					
STATE REGISTRAR					

This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



100009816

DATE ISSUED

Director of Public Health and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

