

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH 9059157

STATE FILE NUMBER [REDACTED] LOCAL REGISTRATION NUMBER [REDACTED]

1. NAME OF DECEDENT - FIRST (Given) NORMAN  
2. MIDDLE MILTON  
3. LAST (Family) LEAR

4. DATE OF BIRTH mm/dd/yyyy 07/27/1922  
5. AGE Yrs 101  
6. SEX M

9. BIRTH STATE/FOREIGN COUNTRY CT  
10. SOCIAL SECURITY NUMBER [REDACTED]  
11. EVER IN U.S. ARMED FORCES? [X] YES  
12. MARITAL STATUS/SRDP (at Time of Death) MARRIED  
7. DATE OF DEATH mm/dd/yyyy 12/05/2023  
8. HOUR (24 Hour) 1821

13. EDUCATION - Highest Level Degree (see worksheet on back) SOME COLLEGE  
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? [X] YES  
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE

17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED WRITER-PRODUCER  
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT  
19. YEARS IN OCCUPATION 80

20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]

21. CITY BEVERLY HILLS  
22. COUNTY/PROVINCE LOS ANGELES  
23. ZIP CODE [REDACTED]  
24. YEARS IN COUNTY 73  
25. STATE/FOREIGN COUNTRY CA

26. INFORMANT'S NAME, RELATIONSHIP LYN DAVIS LEAR, WIFE  
27. INFORMANT'S MAILING ADDRESS (Street and number, or relative's number, city or town, state and zip) [REDACTED]

28. NAME OF SURVIVING SPOUSE/SRDP - FIRST LYN  
29. MIDDLE -  
30. LAST (BIRTH NAME) DAVIS

31. NAME OF FATHER/PARENT - FIRST HERMAN  
32. MIDDLE -  
33. LAST LEAR  
34. BIRTH STATE CT

35. NAME OF MOTHER/PARENT - FIRST JEANETTE  
36. MIDDLE -  
37. LAST (BIRTH NAME) SEICOL  
38. BIRTH STATE RUSSIA

39. DISPOSITION DATE mm/dd/yyyy 12/07/2023  
40. PLACE OF FINAL DISPOSITION RESIDENCE OF LYN DAVIS LEAR  
41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE  
42. SIGNATURE OF EMBALMER [REDACTED]  
43. LICENSE NUMBER [REDACTED]

44. NAME OF FUNERAL ESTABLISHMENT MOUNT SINAI MORTUARY  
45. LICENSE NUMBER [REDACTED]  
46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]  
47. DATE mm/dd/yyyy 12/07/2023

103. PLACE OF DEATH RESIDENCE  
102. IF HOSPITAL, SPECIFY ONE [X] P [ ] ER [ ] OR [ ]  
103. IF OTHER THAN HOSPITAL, SPECIFY ONE [ ] Hospice [ ] Nursing Home/LTC [X] Home [ ] Other

104. COUNTY LOS ANGELES  
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]  
106. CITY BEVERLY HILLS

107. CAUSE OF DEATH  
IMMEDIATE CAUSE (Final disease or condition resulting in death)  
(A) CARDIOPULMONARY ARREST  
(B) CONGESTIVE HEART FAILURE  
(C) [ ]  
(D) [ ]

108. DEATH REPORTED TO CORONER? [X] YES [ ] NO  
109. BIOPSY PERFORMED? [ ] YES [X] NO  
110. AUTOPSY PERFORMED? [ ] YES [X] NO  
111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO  
113A. DECEDENT PREGNANT IN LAST YEAR? [ ] YES [X] 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 Once: 10/24/2023  
Decedent Last Seen Alive: 12/05/2023  
115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]  
116. LICENSE NUMBER [REDACTED]  
117. DATE mm/dd/yyyy 12/06/2023

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANA LUIZA CARTMEL, DO

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.  
MANNER OF DEATH [ ] Natural [ ] Accident [ ] Fomicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined [ ] YES [ ] NO [ ] UNK  
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK  
121. INJURY DATE mm/dd/yyyy [ ]  
122. HOUR (24 Hour) [ ]

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 FAX AUTH.# CENSUS TRACT

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

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.

[Signature] MD  
VG

Health Officer and Registrar DATE ISSUED

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



\* I 0 0 0 1 8 5 8 7 \*

DEC 18 2023



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE