

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052018107677

## CERTIFICATE OF DEATH

3201819023800

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) HUGH		2. MIDDLE ANTHONY	
3. LAST (Family) DANE			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 10/21/1942	
5. AGE Yrs 75		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY AZ		10. SOCIAL SECURITY NUMBER	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DATE OF DEATH mm/dd/yyyy 05/16/2018	
15. HOURS (24 Hours) 2256		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) AFRICAN AMERICAN	
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 40			
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]			
21. CITY LOS ANGELES		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90008		24. YEARS IN COUNTY 73	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP GAIL MOLEN, SPOUSE			
27. INFORMANT'S ADDRESS (Street and number, or location) (e and zip) [REDACTED]			
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST GAIL		29. MIDDLE MARIE	
30. LAST (BIRTH NAME) BROWN			
31. NAME OF FATHER/PARENT - FIRST WILLIAM		32. MIDDLE -	
33. LAST DANE		34. BIRTH STATE AR	
35. NAME OF MOTHER/PARENT - FIRST MADELENE		36. MIDDLE VOILE	
37. LAST (BIRTH NAME) TAYLOR		38. BIRTH STATE AZ	
39. DISPOSITION DATE mm/dd/yyyy 05/23/2018		40. PLACE OF FINAL DISPOSITION RESIDENCE OF GAIL MOLEN [REDACTED]	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER [REDACTED]	
43. LICENSE NUMBER [REDACTED]		44. DATE mm/dd/yyyy 05/22/2018	
45. NAME OF FUNERAL ESTABLISHMENT NATURAL GRACE		46. LICENSE NUMBER FD2066	
47. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		48. DATE mm/dd/yyyy 05/22/2018	
101. PLACE OF DEATH RESIDENCE			
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY LOS ANGELES			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]			
106. CITY LOS ANGELES			
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 aneurysm rupture without showing the etiology. DO NOT ABBREVIATE. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) PANCREATIC CANCER (B) [REDACTED] (C) [REDACTED] (D) [REDACTED] (E) [REDACTED] (F) [REDACTED] (G) [REDACTED] (H) [REDACTED] (I) [REDACTED] (J) [REDACTED] (K) [REDACTED] (L) [REDACTED] (M) [REDACTED] (N) [REDACTED] (O) [REDACTED] (P) [REDACTED] (Q) [REDACTED] (R) [REDACTED] (S) [REDACTED] (T) [REDACTED] (U) [REDACTED] (V) [REDACTED] (W) [REDACTED] (X) [REDACTED] (Y) [REDACTED] (Z) [REDACTED] (AA) [REDACTED] (AB) [REDACTED] (AC) [REDACTED] (AD) [REDACTED] (AE) [REDACTED] (AF) [REDACTED] (AG) [REDACTED] (AH) [REDACTED] (AI) [REDACTED] (AJ) [REDACTED] (AK) [REDACTED] (AL) [REDACTED] (AM) [REDACTED] (AN) [REDACTED] (AO) [REDACTED] (AP) [REDACTED] (AQ) [REDACTED] (AR) [REDACTED] (AS) [REDACTED] (AT) [REDACTED] (AU) [REDACTED] (AV) [REDACTED] (AW) [REDACTED] (AX) [REDACTED] (AY) [REDACTED] (AZ) [REDACTED] (BA) [REDACTED] (BB) [REDACTED] (BC) [REDACTED] (BD) [REDACTED] (BE) [REDACTED] (BF) [REDACTED] (BG) [REDACTED] (BH) 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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.

DATE ISSUED

Director of Public Health and Registrar

JUN 29 2018

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

PBNCO (REV) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE