

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052022156805

CERTIFICATE OF DEATH

3202219034967

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE EDMUND	
3. LAST (Family) CAAN		4. DATE OF BIRTH mm/dd/yyyy 03/26/1940	
5. AGE Yrs. 82		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY NY		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SDP (a: Time of Death) DIVORCED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		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) CAUCASIAN		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACTOR	
18. KIND OF BUSINESS OR INDUSTRY (a.g., grocery store, road construction, employment agency, etc.) MOTION PICTURES		19. YEARS IN OCCUPATION 60	
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]			
21. CITY BEVERLY HILLS		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90210		24. YEARS IN COUNTY 55	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP DANA GOODMAN, NIECE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) [REDACTED]		28. NAME OF SURVIVING SPOUSE/SDP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST ARTHUR		32. MIDDLE -	
33. NAME OF MOTHER/PARENT - FIRST SOPHIE		34. BIRTH STATE GERMANY	
35. MIDDLE -		36. BIRTH STATE GERMANY	
37. LAST (BIRTH NAME) FALKENSTEIN		38. BIRTH STATE GERMANY	
39. DISPOSITION DATE mm/dd/yyyy 07/08/2022		40. PLACE OF FINAL DISPOSITION EDEN MEMORIAL PARK	
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF FUNERAL HOME [REDACTED]	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT GROMAN EDEN MORTUARY	
45. LICENSE NUMBER [REDACTED]		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
47. DATE mm/dd/yyyy 07/08/2022		101. PLACE OF DEATH RONALD REAGAN UCLA MEDICAL CENTER	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER-OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) MYOCARDIAL INFARCTION (B) CORONARY ARTERY DISEASE (C) [REDACTED] (D) [REDACTED]	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <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 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CONGESTIVE HEART FAILURE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER [REDACTED]	
117. DATE mm/dd/yyyy 07/07/2022		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DAVID B REUBEN, MD	
119. 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/yyyy (B) mm/dd/yyyy 09/20/2017 07/06/2022		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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		129. FAX AUTH.#	
130. CENSUS TRACT		131. STATE REGISTRAR	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELESThis is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health and bears the Registrar's signature in purple ink.

Health Officer and Registrar

DATE ISSUED

JUL 21 2022

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This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

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