

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052010076173

CERTIFICATE OF DEATH

3201019020810

STATE FILE NUMBER

STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 2/09)

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT— FIRST (Given) SIMON	2. MIDDLE MARK	3. LAST (Family) MONJACK		
	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) ---			4. DATE OF BIRTH mm/dd/ccyy 03/09/1970	5. AGE Yrs. 40
	9. BIRTH STATE/FOREIGN COUNTRY UNTD KGDM	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) WIDOWED	7. DATE OF DEATH mm/dd/ccyy 05/23/2010	8. HOUR (24 Hours) 2145
USUAL RESIDENCE	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE				
INFORMANT	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FILM MAKER	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		19. YEARS IN OCCUPATION 20	
	20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]				
	21. CITY LOS ANGELES	22. COUNTY/PROVINCE LOS ANGELES	23. ZIP CODE 90069	24. YEARS IN COUNTY 4	25. STATE/FOREIGN COUNTRY CALIFORNIA
SPOUSE/SRDP AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP LINDA MONJACK, MOTHER				
	28. NAME OF SURVIVING SPOUSE/SRDP—FIRST -	28. MIDDLE -	30. LAST (BIRTH NAME) -		
	31. NAME OF FATHER/PARENT—FIRST WILLIAM	32. MIDDLE -	33. LAST MONJACK	34. BIRTH STATE UNTD KGDM	
FUNERAL DIRECTORY/ LOCAL REGISTRAR	35. NAME OF MOTHER/PARENT—FIRST LINDA	36. MIDDLE PENELOPE	37. LAST (BIRTH NAME) HALL	38. BIRTH STATE UNTD KGDM	
	39. DISPOSITION DATE mm/dd/ccyy 05/27/2010	40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068			
	41. TYPE OF DISPOSITION(S) BU	43. LICENSE NUMBER -			47. DATE mm/dd/ccyy 05/26/2010
PLACE OF DEATH	44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMR PRKS & MTYS	45. LICENSE NUMBER FD 904	47. DATE mm/dd/ccyy 05/26/2010		
	101. PLACE OF DEATH RESIDENCE	102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <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"/> Other		
	104. COUNTY LOS ANGELES	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1895 RISING GLEN ROAD	106. CITY LOS ANGELES		
CAUSE OF DEATH	107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) DEFERRED Sequitally, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CORONER NUMBER 2010-03497	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
PHYSICIAN'S CERTIFICATION	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 (A) mm/dd/ccyy Decedent Last Seen Alive (B) mm/dd/ccyy	115. SIGNATURE AND TITLE OF CERTIFIER [Signature]	116. LICENSE NUMBER	117. DATE mm/dd/ccyy	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE				
	119. 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	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)	
CORONER'S USE ONLY	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)				
STATE REGISTRAR	A	B	C	D	E
127. DATE mm/dd/ccyy 05/26/2010	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA M AUGUSTINE, DEPUTY CORONER				
FAX AUTH.#	CENSUS TRACT				

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.

Longman E Fielding mo
VD

DATE ISSUED

JUN - 2 2010

Director of Public Health and Registrar

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



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