

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012025719

CERTIFICATE OF DEATH

3201219005767

STATE FILE NUMBER: 3052012025719 STATE OF CALIFORNIA LOCAL REGISTRATION NUMBER: 3201219005767
 USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)

1. NAME OF DECEDENT - FIRST (Given) WHITNEY		2. MIDDLE ELIZABETH		3. LAST (Family) HOUSTON	
4. DATE OF BIRTH mm/dd/yyyy 08/09/1963				5. AGE Yrs. 48	
6. SEX F		IF UNDER ONE YEAR Months: Days: Hours: Minutes: Seconds: F		IF UNDER 24 HOURS Hours: Minutes: Seconds: F	
9. BIRTH STATE/FOREIGN COUNTRY NEW JERSEY		10. SOCIAL SECURITY NUMBER [REDACTED]		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) DIVORCED		7. DATE OF DEATH mm/dd/yyyy 02/11/2012		8. HOUR (24 Hours) 1555	
13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO/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) AFRICAN AMERICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ENTERTAINER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		19. YEARS IN OCCUPATION 33
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]					
21. CITY ALPHARETTA		22. COUNTY/PROVINCE FULTON		23. ZIP CODE 30022	
24. YEARS IN COUNTY 48		25. STATE/FOREIGN COUNTRY GEORGIA			
26. INFORMANT'S NAME, RELATIONSHIP BOBBI KRISTINA BROWN, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) [REDACTED]		
28. NAME OF SURVIVING SPOUSE/SROP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE RUSSELL		33. LAST HOUSTON	
34. BIRTH STATE NEW JERSEY		35. NAME OF MOTHER/PARENT - FIRST EMILY		36. MIDDLE CISSY	
37. LAST (BIRTH NAME) DRINKARD		38. BIRTH STATE NEW JERSEY			
39. TYPE OF DISPOSITION(S) TR/BU		40. PLACE OF FINAL DISPOSITION FAIR VIEW CEMETERY		41. TYPE OF DISPOSITION(S) TR/BU	
42. SIGNATURE OF FUNERAL MGR [REDACTED]		43. LICENSE NUMBER EMB8037		44. NAME OF FUNERAL ESTABLISHMENT HOUSE OF WINSTON MORTUARY INC.	
45. LICENSE NUMBER FD639		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		47. DATE mm/dd/yyyy 02/13/2012	
101. PLACE OF DEATH BEVERLY HILTON HOTEL		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> ERVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> 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 Enter the chain of events - (disables, injuries, or complications) - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular/renal failure without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) DEFERRED Sequentially list conditions, if any, leading to change on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. NONE		108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REGISTRATION NUMBER 2012-01022		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (CT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <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 checked="" type="checkbox"/> NO <input type="checkbox"/> 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 Since: Decedent Last Seen Alive: 115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
116. LICENSE NUMBER [REDACTED]		117. DATE: mm/dd/yyyy [REDACTED]		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]	
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/yyyy [REDACTED]	
122. HOUR (24 Hours) [REDACTED]		122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]					
126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		127. DATE: mm/dd/yyyy 02/13/2012		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA M AUGUSTINE, DEPUTY CORONER	

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.

Jongman E. Fielding mo
VB

DATE ISSUED

FEB 15 2012 0003320*

Director of Public Health and Registrar

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

