

# CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012142175

### CERTIFICATE OF DEATH

3201219032337

STATE FILE NUMBER		3052012142175		LOCAL REGISTRATION NUMBER		3201219032337		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT—FIRST (Given) <b>MARVIN</b>		2. MIDDLE -		3. LAST (Family) <b>HAMLISCH</b>			
	AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yy <b>06/02/1944</b>		5. AGE Yrs. <b>68</b>		
	9. BIRTH STATE/FOREIGN COUNTRY <b>NEW YORK</b>		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/SRDP! (at Time of Death) <b>MARRIED</b>	
	13. EDUCATION—Highest Level/Degree (see worksheet on back) <b>BACHELOR</b>		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) <b>WHITE</b>		7. DATE OF DEATH mm/dd/yy <b>08/06/2012</b>	
USUAL RESIDENCE	17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>AMERICAN COMPOSER</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>MUSIC INDUSTRY</b>			19. YEARS IN OCCUPATION <b>50</b>	
	20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]							
	21. CITY [REDACTED]		22. COUNTY/PROVINCE [REDACTED]		23. ZIP CODE [REDACTED]		24. YEARS IN COUNTY [REDACTED]	
	25. STATE/FOREIGN COUNTRY [REDACTED]							
SPOUSE/SRDP OR PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP <b>TERRE BLAIR HAMLISCH, WIFE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>P.O. BOX 568, BEDFORD, NY 10506</b>				
	28. NAME OF SURVIVING SPOUSE/SRDP—FIRST <b>TERRE</b>		29. MIDDLE -		30. LAST (BIRTH NAME) <b>BLAIR</b>			
	31. NAME OF FATHER/PARENT—FIRST <b>MAX</b>		32. MIDDLE -		33. LAST <b>HAMLISCH</b>			
	35. NAME OF MOTHER/PARENT—FIRST <b>LILLY</b>		36. MIDDLE -		37. LAST (BIRTH NAME) <b>SCHACHTER</b>			
FUNERAL DIRECTOR/LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yy <b>08/08/2012</b>		40. PLACE OF FINAL DISPOSITION <b>MT. ZION CEMETERY</b>					
	41. TYPE OF DISPOSITION(S) <b>TR/BU</b>		42. SIGNATURE OF FUNERAL DIRECTOR [REDACTED]					
	44. NAME OF FUNERAL ESTABLISHMENT <b>FUNERARIA DEL ANGEL</b>		45. LICENSE NUMBER <b>FD71</b>		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]			
	47. DATE mm/dd/yy <b>08/08/2012</b>		43. LICENSE NUMBER -					
PLACE OF DEATH	101. PLACE OF DEATH <b>RONALD REAGAN UCLA MEDICAL CENTER</b>							
	104. COUNTY <b>LOS ANGELES</b>							
	106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>757 WESTWOOD PLAZA</b>							
	108. CITY <b>LOS ANGELES</b>							
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events—disease, trauma, or complication—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.							
	IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) <b>RESPIRATORY ARREST</b>							
	(B) <b>ANOXIC BRAIN ENCEPHALOPATHY</b>							
	(C) <b>HYPERTENSION</b>							
PHYSICIAN'S CERTIFICATION	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NO</b>							
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NONE</b>							
	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: (A) mm/dd/yy: (B) mm/dd/yy: <b>08/02/2012</b> <b>08/06/2012</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>MOHAMAD A CHMAYSSANI M.D.</b>		116. LICENSE NUMBER <b>A121426</b>		117. DATE mm/dd/yy <b>08/08/2012</b>	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>757 WESTWOOD PLAZA, LOS ANGELES, CA 90095</b>							
CORONERS USE ONLY	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 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/yy: 122. HOUR (24 Hours) [REDACTED]							
	123. 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/yy: 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]								

STATE REGISTRAR	A	B	C	D	E	*010001002126953*	FAX AUTH.#	CENSUS TRACT
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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.

DATE ISSUED

AUG 17 2012 0004336\*

Director of Public Health and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE