

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016123963

CERTIFICATE OF DEATH

3201619027988

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-104REV 3/09		LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT - FIRST (Given) MIHALY	2. MIDDLE MICHU	3. LAST (Family) MESZAROS				
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 09/20/1939	5. AGE Yrs. 76	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	
6. SEX M	7. BIRTH STATE/FOREIGN COUNTRY HUNGARY	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) NEVER MARRIED	7. DATE OF DEATH mm/dd/yyyy 06/12/2016	
8. HOUR (24 Hour) 2020	13. EDUCATION - Highest Level/Degree (see worksheet on back) 04	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) CAUCASIAN			
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 62		
20. DECEDENT'S RESIDENCE (Street and number, or location)						
21. CITY						
22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE	24. YEARS IN COUNTY 32	25. STATE/FOREIGN COUNTRY CA		
26. INFORMANT'S NAME, RELATIONSHIP DEZSOE DENNIS VARGA, FRIEND						
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route, number, city or town, state and zip)						
28. NAME OF SURVIVING SPOUSE/SROP - FIRST	29. MIDDLE	30. LAST (BIRTH NAME)				
31. NAME OF FATHER/PARENT - FIRST JANOS	32. MIDDLE	33. LAST MESZAROS	34. BIRTH STATE HUNGARY			
35. NAME OF MOTHER/PARENT - FIRST MARGIT	36. MIDDLE	37. LAST (BIRTH NAME) KUBANSIK	38. BIRTH STATE HUNGARY			
39. OBSESSION DATE mm/dd/yyyy 06/24/2016	40. PLACE OF FINAL DISPOSITION					
41. TYPE OF DISPOSITION CR/BU	42. SIGNATURE OF ENSEMBLER				43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT CONTINENTAL FUNERAL HOME	45. LICENSE NUMBER FD2022	46. SIGNATURE OF LOCAL REGISTRAR			47. DATE mm/dd/yyyy 06/23/2016	
101. PLACE OF DEATH LITTLE COMPANY OF MARY HOSPITAL	102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> INPAT <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Hospice Home <input type="checkbox"/> Other	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Long-term Care <input type="checkbox"/> Home <input type="checkbox"/> Other				
104. COUNTY LOS ANGELES	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			106. CITY TORRANCE		
107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter latent events such as cardiac arrest, respiratory arrest, or circulatory or respiratory failure, showing the etiology. DO NOT abbreviate. (A) RESPIRATORY FAILURE (B) ACUTE CEREBROVASCULAR ACCIDENT	108. DEATH REPORTED TO CORONER? (AD) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PERSONAL NUMBER	109. EMPOYS PERFORMED? (BE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	110. AUTOPSY PERFORMED? (CF) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	111. USED IN DETERMINING CAUSE? (DF) <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 ONSET SEIZURE, HYPERTENSION						
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					
114. (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 06/12/2016 06/12/2016	115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	116. LICENSE NUMBER A72604	117. DATE mm/dd/yyyy 06/22/2016			
118. 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	119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	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	127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER				
STATE REGISTRAR						

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health. I bear the Registrar's signature in purple ink.

[Signature]
VF
DATE ISSUED

JUN 30 2016

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

