

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3200819002482

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) ETHEL		3. LAST (Family) HARRELL	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		2. MIDDLE MAE	
4. DATE OF BIRTH mm/dd/ccyy 09/20/1940		5. AGE Yrs. 67	
9. BIRTH STATE/FOREIGN COUNTRY LA		10. SOCIAL SECURITY NUMBER 573-52-9377	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) WIDOWED	
13. EDUCATION — Highest Level/Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DATE OF DEATH mm/dd/ccyy 01/18/2008	
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED MANAGEMENT EXECUTIVE		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) BLACK	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED MANAGEMENT EXECUTIVE		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CITY GOVERNMENT	
19. YEARS IN OCCUPATION 37		20. DECEDENT'S RESIDENCE (Street and number or location) 4311 7TH AVE	
21. CITY LOS ANGELES		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90008		24. YEARS IN COUNTY 65	
25. STATE/FOREIGN COUNTRY CALIFORNIA		26. INFORMANT'S NAME, RELATIONSHIP JAMES WESLEY, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 4311 7TH AVE, LOS ANGELES, CA 90008		28. NAME OF SURVIVING SPOUSE — FIRST -	
29. MIDDLE -		30. LAST (Maiden Name) -	
31. NAME OF FATHER — FIRST JOSEPH		32. MIDDLE S	
33. LAST JOHNSON SR		34. BIRTH STATE LA	
35. NAME OF MOTHER — FIRST ETHEL		36. MIDDLE MAE	
37. LAST (Maiden) HALL		38. BIRTH STATE LA	
39. DISPOSITION DATE mm/dd/ccyy 01/26/2008		40. PLACE OF FINAL DISPOSITION INGLEWOOD PK CEM 720 E FLORENCE AVE, INGLEWOOD, CA 90301	
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER SALLY RAMSEY	
43. LICENSE NUMBER 8025		44. NAME OF FUNERAL ESTABLISHMENT ANGELUS FUNERAL HOME	
45. LICENSE NUMBER FD 243		46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD	
47. DATE mm/dd/ccyy 01/23/2008		101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL LOS ANGELES	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. CITY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 6041 CADILLAC AVENUE	
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) SEPSIS (B) METASTATIC BREAST CANCER	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER 1 DY		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input 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 KIDNEY DISEASE, HYPERTENSION			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
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 01/17/2008 (B) Decedent Last Seen Alive mm/dd/ccyy 01/18/2008		115. SIGNATURE AND TITLE OF CERTIFIER CINDY MIHWA PAK, MD	
116. LICENSE NUMBER A81890		117. DATE mm/dd/ccyy 01/22/2008	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CINDY MIHWA PAK, MD 6041 CADILLAC AVENUE, LOS ANGELES, CA 90034			
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/ccyy			
122. HOUR (24 Hours)			
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/ccyy			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

STATE REGISTRAR		A		B		C		D		E		FAX AUTH. #		CENSUS TRACT	
 *012008000709428*															

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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.

Jonathan E. Fielding MD
CT

DATE ISSUED

JAN 24 2008

Director of Public Health and Registrar

PBNC0 (REV) 11/06

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE