

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052017195012 <small>STATE FILE NUMBER</small>		<b>CERTIFICATE OF DEATH</b> <small>STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)</small>		3201719043281 <small>LOCAL REGISTRATION NUMBER</small>			
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT- FIRST (Given) <b>HUGH</b>		2. MIDDLE <b>MARSTON</b>		3. LAST (Family) <b>HEFNER</b>		
	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy <b>04/09/1926</b>		5. AGE Yrs. <b>91</b>	
	9. BIRTH STATE/FOREIGN COUNTRY <b>IL</b>		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
	12. MARITAL STATUS/SRDP* (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>09/27/2017</b>		8. HOUR (24 Hours) <b>1706</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>CAUCASIAN</b>			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>PLAYBOY FOUNDER</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>PUBLISHING</b>		19. YEARS IN OCCUPATION <b>64</b>		
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]						
	21. CITY <b>LOS ANGELES</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. ZIP CODE <b>90024</b>		
	24. YEARS IN COUNTY <b>46</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>				
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP <b>MICHAEL WHALEN, ATTORNEY</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) [REDACTED]			
	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST <b>CRYSTAL</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>HARRIS</b>		
SPOUSE/SRDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT-FIRST <b>GLENN</b>		32. MIDDLE <b>LUCIUS</b>		34. BIRTH STATE <b>NE</b>		
	35. NAME OF MOTHER/PARENT-FIRST <b>GRACE</b>		36. MIDDLE <b>CAROLINE</b>		38. BIRTH STATE <b>NE</b>		
	37. LAST (BIRTH NAME) <b>SWANSON</b>						
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy <b>09/29/2017</b>		40. PLACE OF FINAL DISPOSITION <b>ARK</b>				
	41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER [REDACTED]		43. LICENSE NUMBER <b>-</b>		
	44. NAME OF FUNERAL ESTABLISHMENT <b>PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK &amp; MORTUARY</b>		45. LICENSE NUMBER [REDACTED]		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		
					47. DATE mm/dd/yyyy <b>09/29/2017</b>		
PLACE OF DEATH	101. PLACE OF DEATH <b>RESIDENCE</b>						
	104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]		106. CITY <b>LOS ANGELES</b>		
	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. IMMEDIATE CAUSE (A) <b>CARDIAC ARREST</b> (B) <b>RESPIRATORY FAILURE</b> Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) <b>SEPTICEMIA</b> (D) <b>E COLI HIGHLY RESISTANT TO ANTIBIOTICS UNDETERMINED ETIOLOGY</b>						
CAUSE OF DEATH	108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 <b>NONE</b>				
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>					113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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 (A) mm/dd/yyyy: <b>11/1/1975</b> (B) mm/dd/yyyy: <b>09/27/2017</b>		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER <b>G8242</b>		
117. DATE mm/dd/yyyy <b>09/29/2017</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]					
PHYSICIAN'S CERTIFICATION	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/yyyy		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 [REDACTED]		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR		A B C D E		FAX AUTH.#			
				CENSUS TRACT			

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

*[Signature]*  
Director of Public Health and Registrar

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OCT - 3 2017

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

PBNC0 (REV) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

