

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052020074054

CERTIFICATE OF DEATH

3202019016889

STATE FILE NUMBER LOCAL REGISTRATION NUMBER
1. NAME OF DECEDENT - FIRST (Given) WILLIAM
2. MIDDLE HARRISON
3. LAST (Family) WITHERS JR
4. DATE OF BIRTH 07/04/1938
5. AGE Yrs 81
6. SEX M
7. DATE OF DEATH 03/30/2020
8. HOUR (24 Hours) 1044
11. EVER IN U.S. ARMED FORCES? YES
12. MARITAL STATUS/MARRIAGE (at Time of Death) MARRIED
13. EDUCATION - Highest Level/Degree HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? NO
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 MUSICIAN
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT
19. YEARS IN OCCUPATION 49
21. CITY ENCINO
22. COUNTY/PROVINCE LOS ANGELES
23. ZIP CODE 91436
24. YEARS IN COUNTY 53
25. STATE/FOREIGN COUNTRY CA
26. INFORMANT'S NAME, RELATIONSHIP MARCIA WITHERS, SPOUSE
28. NAME OF SURVIVING SPOUSE/SDPP-FIRST MARCIA
29. MIDDLE -
30. LAST (BIRTH NAME) JOHNSON
31. NAME OF FATHER/PARENT-FIRST WILLIAM
32. MIDDLE HARRISON
33. LAST WITHERS
34. BIRTH STATE VA
35. NAME OF MOTHER/PARENT-FIRST MATTIE
36. MIDDLE ROSEMARY
37. LAST (BIRTH NAME) GALLOWAY
38. BIRTH STATE WV
39. DISPOSITION DATE 04/11/2020
40. TYPE OF DISPOSITION(S) BU
41. SIGNATURE OF EMBALMER
42. LICENSE NUMBER EMB9058
43. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMR PRKS & MTYS
44. LICENSE NUMBER FD904
45. SIGNATURE OF LOCAL REGISTRAR
46. DATE 04/08/2020
101. PLACE OF DEATH PROVIDENCE TARZANA REGIONAL MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE
103. IF OTHER THAN HOSPITAL, SPECIFY ONE
104. COUNTY LOS ANGELES
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)
106. CITY TARZANA
107. CAUSE OF DEATH
108. DEATH REPORTED TO CORONER? YES
109. BIOPSY PERFORMED? YES
110. AUTOPSY PERFORMED? YES
111. USED IN DETERMINING CAUSE? YES
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? NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? NO
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
115. SIGNATURE AND TITLE OF PHYSICIAN JOHN LESLIE SHERMAN M.D.
116. LICENSE NUMBER
117. DATE 04/07/2020
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
119. MANNER OF DEATH
120. INJURED AT WORK? YES
121. INJURY DATE
122. HOUR (24 Hours)
123. PLACE OF INJURY
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
128. TYPE NAME, TITLE OF CORONER / 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.

Health Officer and Registrar

DATE ISSUED

APR 20 2020

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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