

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052017042279

#### CERTIFICATE OF DEATH

3201719009195

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-14REV 5/06			LOCAL REGISTRATION NUMBER				
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)						
	WILLIAM			PAXTON					
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH	5. AGE Yrs.	6. SEX			
	BILL PAXTON			05/17/1955	61	M			
	9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SROP* (at Time of Death)	7. DATE OF DEATH	8. HOUR (24 Hours)			
TX		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	MARRIED	02/25/2017	2327				
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)					
ASSOCIATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			19. YEARS IN OCCUPATION			
ACTOR			ENTERTAINMENT			40			
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location)								
	[REDACTED]								
	21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY				
OJAI		VENTURA	93023	26	CA				
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP								
LOUISE PAXTON, WIFE		[REDACTED]					City or town, state and zip)		
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE	30. LAST (BIRTH NAME)					
	LOUISE		-	NEWBURY					
	31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	33. LAST			34. BIRTH STATE		
	JOHN		LANE	PAXTON			MO		
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	37. LAST (BIRTH NAME)			38. BIRTH STATE			
MARY		LOU	GRAY			IL			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE		40. PLACE OF FINAL DISPOSITION						
	03/02/2017		[REDACTED]						
	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF FUNERAL DIRECTOR			43. LICENSE NUMBER			
	CR/BU		[REDACTED]			-			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR			47. DATE			
FOREST LAWN MEMR PRKS & MTYS		PD904	[REDACTED]			02/28/2017			
PLACE OF DEATH	101. PLACE OF DEATH			102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
	CEDARS-SINAI MEDICAL CENTER			<input checked="" type="checkbox"/> HOSP <input type="checkbox"/> EOP <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
	104. COUNTY			105. CITY			106. CITY		
LOS ANGELES			[REDACTED]			LOS ANGELES			
CAUSE OF DEATH	107. CAUSE OF DEATH								
	Enter the chain of events - disease, injuries, or complications that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT abbreviate.							Time Interval Between Onset and Death (AT)	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)							HRS	
	(A) STROKE							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	(B) AORTIC ANEURYSM							108. DEATH REPORTED TO CORONER?	
	(C) BICUSPID AORTIC VALVE							YRS	
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							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
109. BIOPSY PERFORMED?							110. AUTOPSY PERFORMED?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							<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							NONE		
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.)							113A. IF FEMALE, PREGNANT IN LAST YEAR?		
VALVE REPLACEMENT AND AORTIC ANEURYSM REPAIR 02/14/2017							<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
PHYSICIAN'S CERTIFICATION	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 CERTIFIER			116. LICENSE NUMBER		
	Decedent Attended Since			Decedent Last Seen Alive			A92674		
	08/14/2016			02/25/2017			02/28/2017		
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE							ALI KHOYNEZHAD M.D.		
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE		122. HOUR (24 Hours)		
	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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
	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		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER				
[REDACTED]			mm/dd/yyyy		[REDACTED]				
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT		
*010001003493939*									

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

*Al Khoynzhad, MD*  
Director of Public Health and Registrar

MAR - 6 2017 \*100010844\*



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE