

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052018236198

CERTIFICATE OF DEATH

3201819052781

STATE FILE NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV. 3/06)

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) STEPHEN		2. MIDDLE MCDANNELL		3. LAST (Family) HILLENBURG			
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 08/21/1961		5. AGE Yrs 57		
	9. BIRTH STATE/FOREIGN COUNTRY OK		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> JNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		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) WHITE		7. DATE OF DEATH mm/dd/yyyy 11/26/2018	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ANIMATOR				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		8. HOUR (24 Hour) 0634		
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]								
USUAL RESIDENCE	21. CITY SAN MARINO		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91108		24. YEARS IN COUNTY 23	
	25. STATE/FOREIGN COUNTRY CA							
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP KAREN HILLENBURG, WIFE							
	27. INFORMANT'S ADDRESS (Street and number, or location) (date and zip) [REDACTED]							
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST KAREN		29. MIDDLE JEAN		30. LAST (BIRTH NAME) UMLAND			
	31. NAME OF FATHER/PARENT - FIRST KELLY		32. MIDDLE NUGENT		33. LAST HILLENBURG			
	35. NAME OF MOTHER/PARENT - FIRST NANCY		36. MIDDLE -		37. LAST (BIRTH NAME) DUFOUR			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 11/27/2018		40. PLACE OF FINAL DISPOSITION AT SEA OFF COAST OF LOS ANGELES COUNTY					
	41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER [REDACTED]			43. LICENSE NUMBER -		
	44. NAME OF FUNERAL ESTABLISHMENT CABOT AND SONS		45. LICENSE NUMBER [REDACTED]		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		47. DATE mm/dd/yyyy 11/27/2018	
PLACE OF DEATH	101. PLACE OF DEATH RESIDENCE			102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> LPH <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104. COUNTY LOS ANGELES			105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]			106. CITY SAN MARINO	
CAUSE OF DEATH	107. CAUSE OF DEATH <small>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.</small>						108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>REFERRAL NUMBER</small>	
	IMMEDIATE CAUSE (A) CARDIOPULMONARY FAILURE						(AT) HRS	
	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 (B) AMYOTROPHIC LATERAL SCLEROSIS						(BT) YRS	
							(CT) 	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE						(DT) 		
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO						114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JNK		
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 [REDACTED]			116. LICENSE NUMBER [REDACTED]		
	117. DATE mm/dd/yyyy 11/26/2018		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]					
CORONER'S USE ONLY	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"/> JNK		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 [REDACTED]			127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

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.



* I 0 0 0 1 2 6 8 7 *

[Signature]
DATE ISSUED
DEC - 6 2018
Director of Public Health and Registrar
DO 21

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

PBNC0 (REV) 10/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

