

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

3052011005848

CERTIFICATE OF DEATH

3201138000157

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV 3/08)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST (Given) JOHN		2. MIDDLE CARROLL	
3. LAST (Family) DYE			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/31/1963	5. AGE Yrs. 47
		IF UNDER ONE YEAR: Months Days	
		IF UNDER 24 HOURS: Hours Minutes	
		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY MISSISSIPPI		10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
12. MARITAL STATUS/SDP* (at Time of Death) NEVER MARRIED		7. DATE OF DEATH mm/dd/yyyy 01/10/2011	8. HOUR (24 Hour) 1210
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		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			
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.)	
ACTOR		ENTERTAINMENT	
19. YEARS IN OCCUPATION 25			
20. DECEDENT'S RESIDENCE (Street and number, or location) 718 CHURCH STREET			
21. CITY SAN FRANCISCO		22. COUNTY/PROVINCE SAN FRANCISCO	23. ZIP CODE 94114
24. YEARS IN COUNTY 10		25. STATE/FOREIGN COUNTRY CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP JIM DYE, FATHER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1 HIGHLAND COURT, AMORY, MS 38821	
28. NAME OF SURVIVING SPOUSE/SDP*-FIRST -		29. MIDDLE -	30. LAST (BIRTH NAME) -
31. NAME OF FATHER/PARENT-FIRST JIM		32. MIDDLE CLYDE	33. LAST DYE
34. BIRTH STATE MISSISSIPPI			
35. NAME OF MOTHER/PARENT-FIRST LYNN		36. MIDDLE MAREE	37. LAST (BIRTH NAME) DUVALL
38. BIRTH STATE MISSISSIPPI			
39. DISPOSITION DATE mm/dd/yyyy 01/14/2011		40. PLACE OF FINAL DISPOSITION HAUGHTON MEMORIAL PARK CEMETERY ROAD, AMORY, MS 38821	
41. TYPE OF DISPOSITION(S) CR/TR		42. SIGNATURE OF EMBALMER [REDACTED]	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT MCAVOY O'HARA COMPANY	
45. LICENSE NUMBER FD523		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
47. DATE mm/dd/yyyy 01/14/2011			
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> P <input type="checkbox"/> EAVR <input type="checkbox"/> DGA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN FRANCISCO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 718 CHURCH STREET #7	
106. CITY SAN FRANCISCO			
107. CAUSE OF DEATH IMMEDIATE CAUSE: Final illness or condition resulting in death (A) PENDING		108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 2011-0040	
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) 1 OF 2		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		110. AUTOPSY PERFORMED? (CT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		111. USED IN DETERMINING CAUSE? (DT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 -			
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? <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		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
(A) mm/dd/yyyy (B) mm/dd/yyyy		116. LICENSE NUMBER 117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
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 checked="" 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 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 01/11/2011	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JON J SMITH MD, ASST MEDICAL EXAMINER			
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	
		"010001001681331"	

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

James Greene MD MS

MAR -7 2018

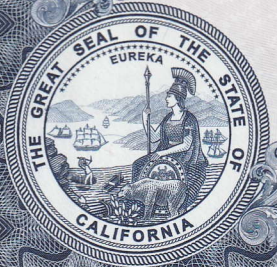
JAMES GREENE, MD, MS
STATE REGISTRAR OF VITAL RECORDS

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CACDPH - 04



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

PHYSICIAN/CORONER'S AMENDMENT

3052011005848

STATE FILE NUMBER

1.1

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201138000157

LOCAL REGISTRATION NUMBER

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST JOHN	1B. MIDDLE CARROLL	1C. LAST DYE	2. SEX M
	3. DATE OF EVENT—MM/DD/CCYY 01/10/2011	4. CITY OF EVENT SAN FRANCISCO	5. COUNTY OF EVENT SAN FRANCISCO	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
	107A	PENDING	ACUTE METHAMPHETAMINE INTOXICATION
	112	--	PHENYLPROPANOLAMINE PRESENT
	113	--	NO
	119	PENDING INVESTIGATION	ACCIDENT
	120		NO
	121		01/10/2011
	122		0200
	123		RESIDENCE
	124		DRUG RELATED
	125		718 CHURCH STREET #7 SAN FRANCISCO, CA 94114

INFORMATION DOCUMENT
 NOT A VALID DOCUMENT
 TO ESTABLISH IDENTITY

2 OF 2

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER [REDACTED]	10. DATE SIGNED—MM/DD/CCYY 05/13/2011	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER ASST MEDICAL EXAMINER	
STATE/LOCAL REGISTRAR USE ONLY	12. ADDRESS—STREET and NUMBER 850 BRYANT STREET	13. CITY SAN FRANCISCO	14. STATE CA	15. ZIP CODE 94103
	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR [REDACTED]		17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 05/16/2011	

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