STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

85-122983 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

3851033291 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT — FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
JAMES	P.	KINNON	July 9, 1985	2400

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
Male	White/Scottish	NO	April 5, 1911	74 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Scotland	James Kinnon-Scotland	Elizabeth Carrick-Scotland

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U. S. A.	19 TO 19	166-07-5364	Married	Betty Guess

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Roofer	30	Co-Operatice Co.	Roofing

USUAL RESIDENCE

19A. USUAL RESIDENCE — STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
10717 Sherman Way		Sun Valley

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT — RELATIONSHIP
Los Angeles	California	Betty Kinnon-Wife 10717 Sherman Way Sun Valley, California 91352

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	
Encino Hospital	Los Angeles	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	
16237 Ventura Blvd.	Encino	

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

(A) Superior Vena Cava Syndrome — 3 wks

DUE TO, OR AS A CONSEQUENCE OF

(B) Squamous Cell Carcinoma of Lung — 17 mos

DUE TO, OR AS A CONSEQUENCE OF

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER?	25. WAS OBEY PERFORMED?	26. WAS AUTOPSY PERFORMED?
No	No	Yes

23. OTHER SIGNIFICANT CONDITIONS — CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: Chronic Obstructive Pulmonary Disease

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Bronchoscopy — DATE: 7/1/84

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 7/24/84 — LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 7/9/85

28B. PHYSICIAN — SIGNATURE AND DEGREE OR TITLE: Dennis Casciato MD

28C. DATE SIGNED: 7/11/85

28D. PHYSICIAN'S LICENSE NUMBER: A21670

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Dennis Casciato, 16255 Ventura Blvd. #701, Encino, Ca.

INJURY INFORMATION

29. MANNER OF INJURY (HOMICIDE, ETC.)	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY — MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER — SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE — MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	July 15, 1985	Chapel of the Pines, Los Angeles, Ca.	Not Embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR — SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Pierce Brothers Valhalla	F-916	Roberta Mata JR	JUL 11 1985

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (1-98)

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

MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records

by:

Linette T Scott

DATE ISSUED FEB - 2 2011

LINETTE T SCOTT, MD, MPH, DEPUTY DIRECTOR
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISION

This copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director.

(Rev) 11/08

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THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

CDPH California Department of Public Health

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE