

CHARLES BRONSON

CERTIFICATE OF DEATH

3 200319 037424

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE	
CHARLES		DENNIS	
3. LAST (Family)		BRONSON	
4. DATE OF BIRTH		5. AGE Yrs.	
11/03/1921		81	
6. UNDER ONE YEAR		7. UNDER 2 HOURS	
Months		Days	
Hours		Minutes	
8. SEX		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
PA		176-16-1681	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. DATE OF DEATH		14. HOUR (24 Hours)	
08/30/2003		1235	
15. EDUCATION — Highest Level/Degree (See instructions on back)		16. DECEDENT'S RACE — Up to 3 races may be listed (see instructions on back)	
BACHELOR'S		CAUCASIAN	
17. USUAL OCCUPATION — Type of work for most of life, DO NOT USE RETIRED		18. YEARS IN OCCUPATION	
ACTOR		55	
19. DECEDENT'S RESIDENCE (Street and number or location)			
3210 RETREAT COURT			
20. CITY		21. STATE/FOREIGN COUNTRY	
MALIBU		CALIFORNIA	
22. COUNTY/TOWNSHIP		23. ZIP CODE	
LOS ANGELES		90265	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
60		CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route, section, city or town, state, ZIP)	
KIM M. BRONSON - WIFE		P.O. BOX 2644 MALIBU, CA 90265	
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE	
KIM		M.	
30. LAST		31. BIRTH STATE	
WEEKS		LITHUANIA	
32. NAME OF FATHER — FIRST		33. MIDDLE	
WALTER		-	
34. LAST		35. BIRTH STATE	
BUCHINSKY		PA	
36. NAME OF MOTHER — FIRST		37. MIDDLE	
MARY		-	
38. LAST (maiden)		39. BIRTH STATE	
VALINSKY		PA	
40. DEPOSITION DATE		41. PLACE OF FINAL DISPOSITION	
09/04/2003		BROWNSVILLE CEMETERY WEST WINDSOR, VERMONT	
42. TYPE OF DISPOSITION		43. SIGNATURE OF EMBALMER	
TR/BU		Todd Weisweaver	
44. LICENSE NUMBER		45. SIGNATURE OF LOCAL REGISTRAR	
8842		Thomas G. [Signature]	
46. NAME OF FUNERAL ESTABLISHMENT		47. DATE	
PIERCE BROS. WESTWOOD		09/03/2003	
48. PLACE OF DEATH		49. IF HOSPITAL, SPECIFY ONE	
CEDARS SINAI MEDICAL CENTER		<input checked="" type="checkbox"/> H <input type="checkbox"/> SNCP <input type="checkbox"/> DGA	
50. COUNTY		51. IF OTHER THAN HOSPITAL, SPECIFY ONE	
LOS ANGELES		<input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		53. CITY	
8700 BEVERLY BLVD.		LOS ANGELES	
54. CAUSE OF DEATH: 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 vascular collapse without showing the etiology. DO NOT ABBREVIATE.		55. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
RESPIRATORY FAILURE		56. TIME INTERVAL BETWEEN ONSET AND DEATH	
57. Secondary, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		1month	
METASTATIC LUNG CANCER		58. DEATH REPORTED TO CORONER?	
59. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE SHOWN IN 57		61. 1st ALZHEIMER PERFORMED?	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CONGESTIVE CARDIOMYOPATHY		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
62. YEAR OPERATION PERFORMED FOR ANY CONDITION IN ITEM 60 OR 61? (If yes, list type of operation and date.)		63. 2nd ALZHEIMER PERFORMED?	
GASTROSTOMY 07/23/2003, TRACHEOSTOMY 08/12/2003		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
64. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		65. SIGNATURE AND TITLE OF CORONER	
66. DECEASED ATTENDED STATE		67. LICENSE NUMBER	
68. DECEASED LAST SEEN ALIVE		69. DATE	
07/23/2003		08/30/2003	
70. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		71. DATE	
ARTHUR I. WALTUCH, M.D. 8635 W. 3RD. ST. LOS ANGELES, CA 90048		09/03/2003	
72. I CERTIFY THAT MY OFFICIAL DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		73. BURIED AT WORK?	
74. NUMBER OF DECEASED		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
75. PLACE OF BURIAL (e.g., home, construction site, wooded area, etc.)		76. BURIAL DATE	
77. DESCRIBE HOW BURIAL OCCURRED (events which resulted in injury)		78. HOUR (24 Hours)	
79. LOCATION OF BURIAL (Street and number, or location, and city, and ZIP)		INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY	
80. SIGNATURE OF CORONER/DEPUTY CORONER		81. DATE	
82. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		83. STATE REGISTRATION	
84. STATE REGISTRATION		85. FAX AUTH. #	
86. CENSUS TRACT		87. CENSUS TRACT	