

Autopsies.org - Dick Clark Death Certificate
STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012073142 **CERTIFICATE OF DEATH** 3201219016501
STATE FILE NUMBER LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) RICHARD		2. MIDDLE WAGSTAFF		3. LAST (Family) CLARK			
	4. AKA. ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) DICK CLARK			4. DATE OF BIRTH mm/dd/yyyy 11/30/1929		5. AGE Yrs. 82 <small>IF UNDER ONE YEAR: Months Days</small> <small>IF UNDER 24 HOURS: Hours Minutes</small>		
	3. BIRTH STATE/FOREIGN COUNTRY NEW YORK		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/GRDP (at Time of Death) MARRIED	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <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 04/18/2012	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PRODUCER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT				19. YEARS IN OCCUPATION 65		
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]							
	21. CITY MALIBU		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90265			
	24. YEARS IN COUNTY 48		25. STATE/FOREIGN COUNTRY CALIFORNIA					
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP KARI W. CLARK, WIFE		27. INFORMANT'S MAILING ADDRESS [REDACTED]					
	SPOUSE/GRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/GRDP - FIRST KARI		29. MIDDLE LOUESTA		30. LAST (BIRTH NAME) WIGTON		
31. NAME OF FATHER/PARENT - FIRST RICHARD		32. MIDDLE AUGUSTUS		33. LAST CLARK				
34. BIRTH STATE NEW YORK		35. NAME OF MOTHER/PARENT - FIRST JULIA		36. MIDDLE FULLER				
37. LAST (BIRTH NAME) BARNARD		38. BIRTH STATE NEW YORK						
FUNERAL DIRECTOR/LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 04/20/2012		40. PLACE OF FINAL DISPOSITION RESIDENCE OF KARL W. CLARK					
	41. TYPE OF DISPOSITION(S) CR/RES		42. FUNERAL HOME/REGISTRAR [REDACTED]		43. LICENSE NUMBER -			
	44. NAME OF FUNERAL ESTABLISHMENT GATES, KINGSLEY & GATES MOELLER MURPHY FUNERAL DIRECTORS		45. LICENSE NUMBER FD451		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]			
PLACE OF DEATH	101. PLACE OF DEATH ST. JOHN'S HEALTH CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> E/ICU <input type="checkbox"/> E/ICU <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Residential <input type="checkbox"/> Other			
	104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2121 SANTA MONICA BLVD.		106. CITY SANTA MONICA			
	107. CAUSE OF DEATH ACUTE MYOCARDIAL INFARCTION		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	110. AUTOPSY PERFORMED? <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 ACUTE URINARY RETENTION, BENIGN PROSTATIC HYPERPLASIA			
CAUSE OF DEATH	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) TRANSURETHRAL RESECTION OF THE PROSTATE 04/17/2012		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: (A) mm/dd/yyyy (B) mm/dd/yyyy 03/24/2012 04/18/2012		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER G48094			
	117. DATE mm/dd/yyyy 04/19/2012		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LESLIE MARTIN KAPLAN M.D.					
CORONER'S USE ONLY	118. 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"/> Nature <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"/> UNK		121. INJURY DATE mm/dd/yyyy			
	122. HOUR (24 Hours)		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 of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.
Jana Marie Fielding MD
 VO
 DATE ISSUED

APR 20 2012 002884*

Director of Public Health and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

