STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016168722
STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/06)

3201619038085
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given): ALBERTO
2. MIDDLE: -
3. LAST (Family): AGUILERA-VALADEZ

AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST): JUAN - GABRIEL
4. DATE OF BIRTH mm/dd/ccyy: 01/07/1950
5. AGE Yrs.: 66
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M

9. BIRTH STATE/FOREIGN COUNTRY: MEXICO
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? [ ] YES [X] NO [ ] UNK
12. MARITAL STATUS/SRDP* (at Time of Death): NEVER MARRIED
7. DATE OF DEATH mm/dd/ccyy: 08/28/2016
8. HOUR (24 Hours): 1130

13. EDUCATION - Highest Level/Degree (see worksheet on back): UNKNOWN
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back): [X] YES LATINO [ ] NO
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back): MEXICAN

17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED: SINGER SONGWRITER
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): MUSIC
19. YEARS IN OCCUPATION: 45

USUAL RESIDENCE

[redacted] umber, or location)
21. CITY: SOUTHWEST RANCHES
22. COUNTY/PROVINCE: BROWARD
23. ZIP CODE: 33330
24. YEARS IN COUNTY: 20
25. STATE/FOREIGN COUNTRY: FL

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: SIMONA AGUILERA, DAUGHTER IN LAW
27. INFORMANT'S MAILING ADDRESS: [redacted]

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST: -
29. MIDDLE: -
30. LAST (BIRTH NAME): -

31. NAME OF FATHER/PARENT - FIRST: GABRIEL
32. MIDDLE: -
33. LAST: AGUILERA
34. BIRTH STATE: MICHOACAN

35. NAME OF MOTHER/PARENT - FIRST: VICTORIA
36. MIDDLE: -
37. LAST (BIRTH NAME): VALADEZ
38. BIRTH STATE: MICHOACAN

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 08/29/2016
[redacted]
41. TYPE OF DISPOSITION(S): CR/TR/RES
42. SIGNATURE OF EMBALMER: [redacted]
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: BEACON MORTUARY
45. LICENSE NUMBER: FD2218
46. SIGNATURE OF LOCAL REGISTRAR: [redacted]
47. DATE mm/dd/ccyy: 08/29/2016

PLACE OF DEATH

101. PLACE OF DEATH: PRIVATE RESIDENCE
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [X] Other
104. COUNTY: LOS ANGELES
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): 11 MARINE TERRACE RD
106. CITY: SANTA MONICA

CAUSE OF DEATH

107. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

	Cause	Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A)	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	(AT) YEARS
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)		(BT)
(C)		(CT)
(D)		(DT)

108. DEATH REPORTED TO CORONER? [X] YES [ ] NO — REFERRAL NUMBER: 2016-06294
109. BIOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY PERFORMED? [ ] YES [X] NO
111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: HYPERTENSION AND DIABETES MELLITUS, HISTORY OF PNEUMONIA

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

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. Decedent Attended Since (A) mm/dd/ccyy — Decedent Last Seen Alive (B) mm/dd/ccyy
115. SIGNATURE AND TITLE OF CERTIFIER: [redacted]
116. LICENSE NUMBER:
117. DATE mm/dd/ccyy:
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE:

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 [X] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/ccyy:
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/ccyy: 08/29/2016
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: SELENA BARROS, DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						010001003331625		

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.

Jeffrey D. Gunzenhauser, MD
DATE ISSUED: SEP - 1 2016
VB
Director of Public Health and Registrar

010010392

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE