

CERTIFIED COPY
Pursuant to the Births and



of an ENTRY
Deaths Registration Act 1953

Registration District Liverpool South

1943 BIRTHS in the Sub-District of Warriville in the County Borough of Liverpool

10	9	8	7	6	5	4	3	2	1	Children
Name entered after registration	Signature of registrar	When registered	Signature, description, and residence of informant	Occupation of father	Name, surname, and maiden surname of mother	Name and surname of father	Sex	Name, if any	When and where born	Sex
			H.H. Harrison. Father 12 Arnold Grove Liverpool 15	Corporate Chem Driver	Louise Baron formerly French	Harold Margaret Baron	Boy	George	Twenty-fifth February 1943 Arnold Grove 40	357 M

Certified to be a true copy of an entry in a register in my custody.

[Signature]

[Signature]

Superintendent Registrar

26/12/2002

<http://www.autopsyfiles.org>

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CERTIFICATE OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		TYPE OF CORPSE USE BLACK OR OTHER ENCASEMENTS, IMMEDIATE OR ALTERATIONS X-11 (2001, 1999)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (LAST)		2. MIDDLE		3. LAST (MIDDLE)			
George				Harrison			
4. DATE OF BIRTH M/M/D/D/C/Y		5. AGE YRS.		6. SEX		7. DATE OF DEATH M/M/D/D/C/Y	
02/25/1943		58		Male		11/29/2001	
8. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MARITAL STATUS		12. EDUCATION—YEARS COMPLETED	
Liverpool		none		Married		12	
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER			
Caucasian		YES ☐ NO ☒		Self Employed			
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
Musician		Music		40			
21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
Vis Somini #10		Lugano		5900		1	
25. NAME, RELATIONSHIP		26. NAME, RELATIONSHIP		27. NAME, RELATIONSHIP		28. STATE OR FOREIGN COUNTRY	
Olivia Harrison/Wife		Olivia Harrison/Wife		1971 Coldwater Canyon, Beverly Hills, CA. 90210		Switzerland	
29. NAME OF SPOUSE—MARRIED		30. MIDDLE		31. LAST (MIDDLE)			
Olivia		Trinidad		Arias			
32. NAME OF FATHER—MARRIED		33. MIDDLE		34. LAST (MIDDLE)			
Harold		Hargrove		Harrison		Liverpool	
35. NAME OF MOTHER—MARRIED		36. MIDDLE		37. LAST (MIDDLE)			
Louise		Flrench		Unknown		Liverpool	
38. DATE M/M/D/D/C/Y		39. PLACE OF FINAL DISPOSITION		40. SIGNATURE OF REGISTRAR			
11/30/2001		Rest of Olivia Harrison		1971 Coldwater Canyon, Beverly Hills, CA. 90210			
41. TYPE OF DISPOSITION:		42. SIGNATURE OF CORONER		43. SIGNATURE NO.			
Cr/Res		Not Embalmed					
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF FUNERAL DIRECTOR		47. DATE M/M/D/D/C/Y	
Crenation Specialists of LA		FD-1696		Fred Lee		11/29/2001	
101. PLACE OF DEATH		102. IF CORPSE, SPECIFY ONE:		103. CARRY FROM PLACE OF DEATH TO:		104. COUNTY	
Residence		☐ CR ☐ CR-CP ☐ CDA ☐ CDD ☐ CDD-CP ☐ CDD-CP-CP		105. CITY		Los Angeles	
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		107. CITY		108. CITY		Beverly Hills	
1971 Coldwater Canyon							
109. DEATH WAS CAUSED BY DISEASE, INJURY AND CAUSE FOR LAW FOR A, B, C, AND D		110. DEATH REPORTED TO CORONER		111. DEATH REPORTED TO CORONER		112. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A)		METASTATIC NON-SMALL CELL LUNG CANCER		9 MTHS		YES ☐ NO ☒	
DUE TO (B)						113. DEATH REPORTED TO CORONER	
DUE TO (C)						YES ☐ NO ☒	
DUE TO (D)						114. DEATH REPORTED TO CORONER	
115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO USUAL CAUSE IN 109		HEAD AND NECK SQUAMOUS CELL CARCINOMA					
116. HAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 109 OR 115? YES, LIST TYPE OF OPERATION AND DATE.		NONE					
117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, BELIEF OCCURRED AT THE HOUR, DATE AND PLACE STATED BY THE CAUSER STATED RECENTLY ATTENDED SINCE I RECEIVED LAW BEEN ALIVE		118. SIGNATURE AND TITLE OF CERTIFIER		119. LICENSE NO.		120. DATE M/M/D/D/C/Y	
11/17/2001		Lee S. Rosen		A49741		11/29/2001	
121. TYPE ATTENDING PHYSICIAN NAME, MAILING ADDRESS, ZIP		122. NAME OF DECEASED		123. PLACE OF DEATH			
LEE S. ROSEN, MD 10945 LE CONTE AVE #2333 LOS ANGELES, CA 90095		George Harrison		1971 Coldwater Canyon, Beverly Hills, CA. 90210			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. SIGNATURE OF CORONER OR DEPUTY CORONER		126. DATE M/M/D/D/C/Y		127. TYPE NAME, TITLE OF CORONER OR DEPUTY CORONER	
128. LOCATION, STREET AND NUMBER OR LOCATION AND CITY, ZIP		129. SIGNATURE OF CORONER OR DEPUTY CORONER		130. DATE M/M/D/D/C/Y		131. TYPE NAME, TITLE OF CORONER OR DEPUTY CORONER	
132. SIGNATURE OF CORONER OR DEPUTY CORONER		133. DATE M/M/D/D/C/Y		134. TYPE NAME, TITLE OF CORONER OR DEPUTY CORONER		135. SIGNATURE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.		CENSUS TRACT			

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Director of Health Services and Registrar

DATE ISSUED

DEC 0 4 2001

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

