

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052010079086 **CERTIFICATE OF DEATH** 3201019021347
USE BLACK INK ONLY / NO ERASURES, WRITINGS OR ABREVIATIONS
EXCEPT FOR SEX

1. NAME OF DECEDENT - FIRST (Given) DENNIS		2. MIDDLE LEE		3. LAST (Family) HOPPER	
4. DATE OF BIRTH mm/dd/yyyy 05/17/1936		5. AGE Yrs 74		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY KS		8. SOCIAL SECURITY NUMBER		9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
10. EDUCATION - Highest Level/degree HS GRADUATE		11. VINT DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/STATUS at Time of Death MARRIED	
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACTOR		14. DECEDENT'S RACE - Up to 2 races may be listed (see instruction on back) CAUCASIAN		15. DATE OF DEATH mm/dd/yyyy 05/29/2010	
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		17. YEARS IN OCCUPATION 55			
18. CITY VENICE		19. COUNTY/PROVINCE LOS ANGELES		20. ZIP CODE 90291	
21. YEARS IN COUNTY 55		22. STATE/FOREIGN COUNTRY CA			
23. INFORMANT'S NAME, RELATIONSHIP MARIN HOPPER, DAUGHTER					
24. NAME OF SURVIVING SPOUSE/GROUP - FIRST VICTORIA		25. MIDDLE		26. LAST (BIRTH NAME) DUFFY	
27. NAME OF FATHER/PARENT - FIRST JAY		28. MIDDLE		29. LAST HOPPER	
30. NAME OF MOTHER/PARENT - FIRST MARJORIE		31. MIDDLE		32. LAST (BIRTH NAME) DAVIS	
33. DISPOSITION DATE mm/dd/yyyy 06/02/2010		34. PLACE OF FINAL DISPOSITION PADRE NUESTRO DE NAZARENO HWY 518, RANCHO DE TAOS, NM 87557			
35. TYPE OF DISPOSITION TR/BU		36. LICENSE NUMBER		37. EXPIRES	
38. NAME OF FUNERAL ESTABLISHMENT PIERCE BROTHERS WESTWOOD VILLAGE		39. LICENSE NUMBER 951		40. SIGNATURE OF LOCAL REGISTRAR	
41. DATE OF DEATH		42. PLACE OF DEATH		43. IF OTHER THAN HOME - Specify Type	
44. RESIDENCE LOS ANGELES		45. FACILITY ADDRESS OR LOCATION WHERE YOU DIED (Street, Highway or location) 330 INDIANA AVE		46. CITY VENICE	
47. CAUSE OF DEATH HEPATIC FAILURE PROSTATE CANCER		48. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		49. DEATH REPORTED TO POLICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
50. IMMEDIATE CAUSE HEPATIC FAILURE		51. INTERMEDIATE CAUSE PROSTATE CANCER		52. UNDERLYING CAUSE HEPATIC FAILURE	
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 47 NONE		54. WAS OPERATION PERFORMED UNDER ANY CONDITIONS IN ITEM 113? (If YES, list type of operation and date) PROSTATE BIOPSY 02-11-1997		55. IF FEMALE, PREGNANT IN LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
56. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES SET FORTH		57. SIGNATURE AND TITLE OF CERTIFIER [Signature]		58. LICENSE NUMBER G85631	
59. I CERTIFY THAT MY OPINION DERIVED OCCURRED IN THE HOUR, DATE, AND PLACE STATED		60. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DAVID BERNARD AGUS M.D.		61. DATE mm/dd/yyyy 06/01/2010	
62. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause Not Determined <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		63. HOUR mm/dd/yyyy		64. HOUR mm/dd/yyyy	
65. PLACE OF BIRTH (e.g., home, construction site, wooded area, etc.)		66. DESCRIBE HOW INJURY OCCURRED (if events which resulted in injury)			
67. LOCATION OF BIRTH (Street and number, or location, and city, and zip)		68. SIGNATURE OF CORONER / DEPUTY CORONER			
69. DATE mm/dd/yyyy		70. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

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

100001003511502

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.

Jonathan E. Fielding MD
VD DATE ISSUED JUN - 7 2010 100001034*

Director of Public Health and Registrar

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