

STATE OF CALIFORNIA

Autopsy/Non-Autopsy Death Certificate

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052010000070

CERTIFICATE OF DEATH

3201019000186

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) SALE TROTTER CASE		3. LAST (Family) JOHNSON	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 09/24/1979	
5. AGE Yrs. 30		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY FL		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/SDP* (at Time of Death) NEVER MARRIED	
13. EDUCATION - Highest Level/Degree HS GRADUATE		14. DATE OF DEATH mm/dd/yyyy 01/04/2010	
15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ARTIST		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT	
19. YEARS IN OCCUPATION 10		20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]	
21. CITY LOS ANGELES		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE [REDACTED]		24. YEARS IN COUNTY 8	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP ROBERT WOOD JOHNSON IV, FATHER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or location) [REDACTED]		28. NAME OF SURVIVING SPOUSE/SDP* - FIRST ROBERT	
29. MIDDLE WOOD		30. LAST (BIRTH NAME) JOHNSON IV	
31. NAME OF FATHER/PARENT - FIRST NANCY		32. MIDDLE SALE	
33. LAST (BIRTH NAME) FRYE		34. BIRTH STATE NJ	
35. NAME OF MOTHER/PARENT - FIRST SALE		36. MIDDLE FRYE	
37. LAST (BIRTH NAME) FRYE		38. BIRTH STATE MO	
39. DISPOSITION DATE mm/dd/yyyy 01/07/2010		40. PLACE OF FINAL DISPOSITION THE MATHER HODGE FUNERAL HOME	
41. TYPE OF DISPOSITION(S) TR		42. SIGNATURE OF EMERALD [REDACTED]	
43. LICENSE NUMBER EMB9025		44. NAME OF FUNERAL ESTABLISHMENT CALLANAN & WOODS-SCOVERN	
45. DATE mm/dd/yyyy 01/06/2010		46. SIGNATURE OF REGISTRAR [REDACTED]	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> EOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other		104. CITY LOS ANGELES	
105. COUNTY LOS ANGELES		106. FACILITY ADDRESS OR LOCATION WHERE BODILY (Street and number, or location) [REDACTED]	
107. CAUSE OF DEATH Enter the chain of events - diseases, the lack of, or complications - that directly caused death. DO NOT enter technical details such as cardiac arrest, respiratory arrest, or hemiparesis. For each without showing the etiology. DO NOT ABBREVIATE. DEFERRED		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	
115. 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/yyyy Decedent Last Seen Alive (B) mm/dd/yyyy		116. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]		118. LICENSE NUMBER [REDACTED]	
119. 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"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" 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. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]		122. INJURY DATE mm/dd/yyyy [REDACTED]	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]		124. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]	
125. SIGNATURE OF CORONER / DEPUTY CORONER REGINA M AUGUSTINE		126. DATE mm/dd/yyyy 01/06/2010	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]	
STATE REGISTRAR		CENSUS TRACT	

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

Jonah Kane Fielding mo
VD

DATE ISSUED

JAN 12 2010 00000145*

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