

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER	
3052009205417		<small>STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VP-1 (MAY 1998)</small>		3200919051390	
<b>DECEDENT'S PERSONAL DATA</b>		1. NAME OF DECEDENT -- FIRST (Given)		3. LAST (If any)	
BRITTANY		2. MIDDLE ANNE		MURPHY-MONJACK	
AKA, ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
---		11/10/1977		32	
6. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES	
GA		[REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION -- Highest Level/Cegree (Use worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/ASIAN/ISHT? (If yes, see worksheet on back)		12. MARITAL STATUS (at time of Death)	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARRIED	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		7. DATE OF DEATH mm/dd/yyyy	
ACTRESS		ENTERTAINMENT		12/20/2009	
19. YEARS IN OCCUPATION		19. YEARS IN OCCUPATION		8. HOUR (24 Hours)	
				1005	
<b>USUAL RESIDENCE</b>					
20. DECEDENT'S RESIDENCE (Street and number or location)					
[REDACTED]					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
LOS ANGELES		LOS ANGELES		[REDACTED]	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
20		CA			
<b>INFORMANT</b>					
26. INFORMANT'S NAME, RELATIONSHIP					
TAYEBE PAJOOH, COUSIN					
<b>SPOUSE AND PARENT INFORMATION</b>					
27. NAME OF SURVIVING SPOUSE -- FIRST		28. MIDDLE		29. LAST (Include Honorific)	
SIMON		MARK		MONJACK	
31. NAME OF FATHER -- FIRST		32. MIDDLE		33. LAST	
UNKNOWN		UNKNOWN		UNKNOWN	
34. NAME OF MOTHER -- FIRST		35. MIDDLE		36. LAST (Mother)	
SHARON		KATHLEEN		MURPHY	
37. BIRTH STATE		38. BIRTH STATE		39. BIRTH STATE	
UNK		UNK		NJ	
<b>FUNERAL DIRECTOR LOCAL REGISTRAR</b>					
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION		42. LICENSE NUMBER	
12/24/2009		FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90088		[REDACTED]	
43. TYPE OF DISPOSITION		44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
BU		FOREST LAWN MEMR PRKS & MITYS		FD 904	
46. DATE mm/dd/yyyy		47. DATE mm/dd/yyyy		48. LICENSE NUMBER	
[REDACTED]		[REDACTED]		8473	
49. DATE mm/dd/yyyy		50. DATE mm/dd/yyyy		51. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]		12/23/2009	
<b>PLACE OF DEATH</b>					
52. PLACE OF DEATH					
CEDARS SINAI MEDICAL CENTER					
53. COUNTY		54. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		55. CITY	
LOS ANGELES		8700 BEVERLY BLVD		LOS ANGELES	
56. CAUSE OF DEATH					
Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT abbreviate words such as cardiac arrest, respiratory arrest, or respiratory failure without showing the strategy. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		IN DEFERRED		57. DEATH REPORTED TO CORONER?	
[REDACTED]		[REDACTED]		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
58. DEATH REPORTED TO CORONER?		59. DEATH REPORTED TO CORONER?		60. DEATH REPORTED TO CORONER?	
[REDACTED]		[REDACTED]		2009-08735	
61. PROPERTY PERFORMED?		62. ALTOPIY PERFORMED?		63. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<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. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]		[REDACTED]	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
[REDACTED]					
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.					
MANNER OF DEATH <input type="checkbox"/> Nature <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. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
[REDACTED]		[REDACTED]		[REDACTED]	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
[REDACTED]		12/23/2009		EVONNE D REED, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				CENSUS TRACT	

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

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 mo  
VD

DATE ISSUED

DEC 29 2009 0000062\*

Director of Public Health and Registrar

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

