STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052019046953 — STATE FILE NUMBER

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

3201919010486 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
COY	LUTHER	PERRY III

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST): LUKE - PERRY

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR: Months / Days	IF UNDER 24 HOURS: Hours / Minutes	6. SEX
10/11/1966	52			M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
OH	[redacted]	☐ YES ☒ NO ☐ UNK	DIVORCED	03/04/2019	1244

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	☐ YES ☒ NO	CAUCASIAN

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.)	19. YEARS IN OCCUPATION
ACTOR	ENTERTAINMENT	35

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location) [redacted]

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
SHERMAN OAKS	LOS ANGELES	91423	35	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: WENDY BAUER, HEALTH CARE DIRECTIVE [redacted] (Mailing Address, City, State and Zip)

SPOUSE/SRDP AND PARENT INFORMATION

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

31. NAME OF FATHER/PARENT–FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
COY	LUTHER	PERRY JR	OHIO

35. NAME OF MOTHER/PARENT–FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
ANN	ROSE	BENNETT	VA

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy		
03/11/2019	[redacted]	

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
TR/BU	[redacted]	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
THE ALPHA SOCIETY	FD1274	[redacted]	03/07/2019

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	106. CITY
PROVIDENCE SAINT JOSEPH MEDICAL CENTER	☒ IP ☐ ER/OP ☐ DOA	☐ Hospice ☐ Nursing Home/ICF ☐ Decedent's Home ☐ Other	BURBANK

104. COUNTY: LOS ANGELES [redacted]

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.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) ISCHEMIC CEREBROVASCULAR ACCIDENT	(AT) 1WEEK	☒ YES ☐ NO REFERRAL NUMBER 2019-51686
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)	109. BIOPSY PERFORMED? ☐ YES ☒ NO
	(C)	(CT)	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
	(D)	(DT)	111. USED IN DETERMINING CAUSE? ☐ YES ☐ 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

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
02/27/2019	03/04/2019

115. SIGNATURE AND TITLE OF CERTIFIER [redacted] — 116. LICENSE NUMBER [redacted] — 117. DATE mm/dd/ccyy: 03/07/2019

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP COD [redacted]

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: ☐ 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

128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

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

010001004144774

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.

I00012955

MD
VR
Director of Public Health and Registrar

DATE ISSUED MAR 13 2019

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

PBNCO (REV) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PACIFIC BANCNOTE CO. - NBN CO.

I00012956

MD
VR
Director of Public Health and Registrar

DATE ISSUED MAR 13 2019