

93-208474

CERTIFICATE OF DEATH

39319047495

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER						
1A. NAME OF DECEDENT—FIRST (GIVEN) RIVER		1B. MIDDLE JUDE		1C. LAST (FAMILY) PHOENIX		2A. DATE OF DEATH—MO. DAY, YR. 10/31/1993		3. SEX M		
4. RACE Caucasian		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. 08/23/1970		7. AGE IN YEARS 23		IF UNDER 1 YEAR MONTHS _____ DAYS _____ IF UNDER 24 HOURS HOURS _____ MINUTES _____		
8. STATE OF BIRTH OR	9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER John Lee Phoenix		10B. STATE OF BIRTH MO	11A. FULL MAIDEN NAME OF MOTHER Arlyn Dunetz			11B. STATE OF BIRTH NY		
12. MILITARY SERVICE		13. SOCIAL SECURITY NO. 571-61-9058		14. MARITAL STATUS Never Marr.		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) None				
19. TO 19. <input checked="" type="checkbox"/> NONE		16A. USUAL OCCUPATION Actor		16B. USUAL KIND OF BUSINESS OR INDUSTRY Entertainment		16C. USUAL EMPLOYER Self-employed		16D. YEARS IN OCCUPATION 15	17. EDUCATION—YEARS COMPLETED 12	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 3232 S. W. 35th Boulevard						18B. CITY Gainesville		18C. ZIP CODE 32608		
18D. COUNTY Alachua			18E. NUMBER OF YEARS IN THIS COUNTY 6		18F. STATE OR FOREIGN COUNTRY Florida		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT George Siewierski, Friend 3232 S. W. 35th Boulevard Gainesville, FL 32608			
19A. PLACE OF DEATH Cedars-Sinai Medical Center			19B. IF HOSPITAL, SPECIFY ONE: IP, ET/OP, DOA ER/OP		19C. COUNTY Los Angeles					
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 8700 Beverly Blvd.				19E. CITY Los Angeles		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Deferred		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 93-10011 <input type="checkbox"/> NO		
DUE TO (B) 10F2				23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO		24. WAS AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
DUE TO (C)				24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE.				
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21										
1. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Deputy Coroner			27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED 11/01/1993		
27A. DECEDENT ATTENDED SINCE _____ MONTH, DAY, YEAR			DECEDENT LAST SEEN ALIVE _____ MONTH, DAY, YEAR			27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS				
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Deputy Coroner			28B. DATE SIGNED 11/01/1993				
29. MANNER OF DEATH—(check one: natural, accident, suicide, homicide, pending investigation or could not be determined) Pending Investigation			30A. PLACE OF INJURY			30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)						33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
34A. DISPOSITION(S) TR/BU		34B. NAME OF FINAL DISPOSITION—NAME AND ADDRESS GAINESVILLE CITY CEMETERY GAINESVILLE, FLORIDA			34C. DATE MO. DAY, YR. 11/02/1993		35A. SIGNATURE OF EMBALMER Elizabeth Derrick		35B. LICENSE NO. 7435	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Forest Lawn Hollywood Hills			36B. LICENSE NO. F 904		37. SIGNATURE OF LOCAL REGISTRAR Robert C. [Signature]			38. REGISTRATION DATE NOV 02 1993		
A. 1	B. FL	C. 1	D. _____	E. 1	F. _____	G. CENSUS TRACT				

STATE FILE NUMBER		USE BLACK INK ONLY—NO ERASURES, WHITEOUT, OR ALTERATIONS		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
STATE/LOCAL REGISTRAR USE ONLY	1A	1B	1C		
TYPE OR PRINT IN BLACK INK ONLY					
PART I INFORMATION TO LOCATE RECORD	1A. NAME—FIRST (GIVEN) River	1B. MIDDLE Jude	1C. LAST (FAMILY) Phoenix	2 SEX M	
	3. DATE OF EVENT—MONTH, DAY, YEAR 10/31/1993	4A. CITY OF OCCURRENCE Los Angeles	4B. COUNTY OF OCCURRENCE Los Angeles		
PART II INFORMATION AS IT APPEARS ON RECORD	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Deferred			TIME BETWEEN ONSET & DEATH	
	DUE TO (B)			22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES REFERRAL NUMBER 93-10011 <input type="checkbox"/> NO	
	DUE TO (C)			23. WASopsy PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21			24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	29. MANNER OF DEATH—SPECIFY ONE: NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION OR COULD NOT BE DETERMINED Pending Investigation			24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		30A. PLACE OF INJURY		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 or 25? IF YES, LIST TYPE OF OPERATION AND DATE	
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		30B. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY—MONTH, DAY, YEAR	
31. HOUR		30D. DATE OF INJURY—MONTH, DAY, YEAR		31. HOUR	
PART III INFORMATION AS IT SHOULD APPEAR	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Acute Multiple Drug Intoxication			TIME BETWEEN ONSET & DEATH	
	DUE TO (B)			22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES REFERRAL NUMBER 93-10011 <input type="checkbox"/> NO	
	DUE TO (C)			23. WASopsy PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None			24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	29. MANNER OF DEATH—SPECIFY ONE: NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION OR COULD NOT BE DETERMINED Accident			24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) 8860 Sunset Blvd., West Hollywood		30A. PLACE OF INJURY Night Club		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 or 25? IF YES, LIST TYPE OF OPERATION AND DATE No	
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Intake Of Drugs		30B. INJURY AT WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY—MONTH, DAY, YEAR Unknown	
31. HOUR		30D. DATE OF INJURY—MONTH, DAY, YEAR		31. HOUR Unk	
I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	6A. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER Christopher Rogers		6B. DATE SIGNED 1-16-93		6C. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER Christopher Rogers, M.D. DME
	7A. ADDRESS—STREET AND NUMBER 1104 N. Mission Rd.		7B. CITY Los Angeles		7C. STATE CA.
7D. ZIP CODE 90033		8A. OFFICE OF STATE REGISTRAR SIGNATURE OF LOCAL REGISTRAR Robert C. Mats		8B. DATE ACCEPTED FOR REGISTRATION NOV 19 1993	