

93-208557

CERTIFICATE OF DEATH
 STATE OF CALIFORNIA
 USE BLACK INK ONLY

39319046906

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR
Vincent		Leonard	Price		10/25/1993 1930 Male
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.	7. AGE IN YEARS
Caucasion		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		05/27/1911	82
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER	
MO		USA		Vincent L. Price Sr. ILL	
12. MILITARY SERVICE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS	
		089-10-7381		Widow	
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER	
Actor		Movie/TV		20th Cen. Fox	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE	
9255 Swallow Drive		Los Angeles		90069	
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY	
Los Angeles		50		California	
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY	
Residence				Los Angeles	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT	
9255 Swallow Drive		Los Angeles		Victoria Price (Daughter) 9255 Swallow Dr. Los Angeles, Ca. 90069	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		TIME INTERVAL BETWEEN ONSET AND DEATH		22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER	
IMMEDIATE CAUSE (a) Emphysema		Mos.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (b) Carcinoma of Lung		1 Yr.		23. WAS BIOPSY PERFORMED	
DUE TO (c)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE.		27. DATE SIGNED	
Parkinson Disease		No		10/26/93	
1. I 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		27C. CERTIFIER'S LICENSE NUMBER	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27E. TYPE, ADDRESS AND PHYSICIAN'S NAME AND ADDRESS		27D. DATE SIGNED	
6/22/1989		Richard Wulfsberg MD 16030 Ventura Encino, Ca.		10/26/93	
27A. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED	
10/25/1993					
29. MANNER OF DEATH—(specify one: natural, suicide, homicide, pending investigation or could not be determined)		30A. PLACE OF INJURY		30B. INJURY AT WORK	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO. DAY, YR.	
CR/SC		3 Miles out to Sea Santa Monica Ca.		10/29/93	
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		35B. LICENSE NO.		35A. SIGNATURE OF EMBALMER	
Gold Cross Mortuary		FD 1303		Not Embalmed	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR	
Gold Cross Mortuary		FD 1303		Robert C. Mabe III	
STATE REGISTRAR		38. REGISTRATION DATE		39. CENSUS TRACT	
A 8 B X C 2		OCT 26 1993			