Autopsyfiles.org - Patrick Swayze Death Certificate

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

3052009138039 — STATE FILE NUMBER

CERTIFICATE OF DEATH

3200919037017 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)		
PATRICK	WAYNE	SWAYZE		
4. DATE OF BIRTH (mm/dd/yyyy)	5. AGE (Yrs)	6. IF UNDER 1 YEAR (Months)	6. IF UNDER 24 HOURS (Hours)	7. SEX
08/18/1952	57			M
8. BIRTHPLACE (STATE/FOREIGN COUNTRY)	9. SOCIAL SECURITY NUMBER	10. EVER IN U.S. ARMED FORCES?	11. MARITAL STATUS AT TIME OF DEATH	12. DATE OF DEATH (mm/dd/yyyy)	13. HOUR (24 Hours)
TX	[redacted]	YES [X] NO UNK	MARRIED	09/14/2009	1000
14. EDUCATION — Highest Level Finished	15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see instructions on back)	16. DECEDENT'S RACE — (Or list 2 races only if race cannot be combined on back)		
HS GRADUATE	YES [ ] [X] NO	CAUCASIAN		
17. USUAL OCCUPATION — Type of work done during most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS/INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
ACTOR	ENTERTAINMENT	37

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)				
1901 AVENUE OF THE STARS SUITE 1100				
21. CITY	22. COUNTY/FOREIGN	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
LOS ANGELES	LOS ANGELES	90067	30	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
LISA SWAYZE, WIFE	1901 AVENUE OF THE STARS SUITE 1100, LOS ANGELES, CA 90067

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (maiden name)	
LISA	-	HAAPANIEMI	
31. NAME OF FATHER — FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
JESSE	WAYNE	SWAYZE	TX
35. NAME OF MOTHER — FIRST	36. MIDDLE	37. LAST (maiden name)	38. BIRTH STATE
YVONNE	PATSY	KARNES	UNKNOWN

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE (mm/dd/yyyy)	40. PLACE OF FINAL DISPOSITION	
09/17/2009	RESIDENCE OF LISA SWAYZE, 1901 AVENUE OF THE STARS SUITE 1100, LOS ANGELES, CA 90067	
41. TYPE OF DISPOSITION(S)	[redacted]	42. LICENSE NUMBER
CR/RES		
44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	47. DATE (mm/dd/yyyy)
PIERCE BROTHERS WESTWOOD	FD951 [redacted]	09/16/2009

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, EMERGENCY ROOM/OUTPATIENT?	102. IF OTHER, FROM HOSPICE?	102. IF OTHER, FROM NURSING FACILITY?	102. IF OTHER, FROM RESIDENCE?	102. IF OTHER, FROM OTHER?
RESIDENCE	YES [ ] NO [ ]	YES [ ] NO [ ]	YES [ ] NO [ ]	YES [X] NO [ ]	YES [ ] NO [ ]
103. COUNTY	104. FACILITY ADDRESS OR LOCATION (Street and number or location)	105. CITY			
LOS ANGELES	1901 AVENUE OF THE STARS SUITE 1100	LOS ANGELES			

CAUSE OF DEATH

107. Cause of Death — Enter the chain of events — diseases, injuries, or complications — that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line.

		Time Interval between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) CARDIORESPIRATORY ARREST	(a) MINS	YES [ ] NO [X]
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	(b) ADVANCED PANCREATIC CANCER	(b) YEARS	109. AUTOPSY PERFORMED? YES [ ] NO [X]
	(c)	(c)	110. AUTOPSY FINDINGS USED? YES [ ] NO [X]
	(d)	(d)	111. DEATH RELATED TO PREGNANCY? YES [ ] NO [ ]

112. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in 107): NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITIONS IN ITEMS 107 OR 112? (If yes, see instructions) YES [ ] NO [ ]

114. IF FEMALE, PREGNANT IN LAST YEAR? YES [ ] NO [ ] UNK [ ]

PHYSICIAN'S CERTIFICATION

115. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since / Decedent Last Seen Alive

[redacted] VD

116. LICENSE NUMBER	117. DATE SIGNED (mm/dd/yyyy)
A35066	09/16/2009

(a) Interval	(b) Interval	118. TYPE OF LICENSE (MD, DO, etc.) AND NAME, ADDRESS, ZIP CODE
09/09/2009	09/14/2009	GLEN ISAMU KOMATSU M.D. LITTLE COMPANY OF MARY HOSP 4101 TORRANCE BLVD. TORRANCE, CA

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED

Autopsy? YES [ ] NO [ ] UNK [ ] — Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending Investigation [ ] Could not be determined [ ]

120. AUTOPSY?	121. INJURY DATE (mm/dd/yyyy)	122. HOUR (24 Hours)
YES [ ] NO [ ] UNK [ ]		

123. PLACE OF INJURY (e.g., home, construction site, restaurant, street, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Describe what caused it in detail)

125. LOCATION OF INJURY (Street and number, city/town, and state, and ZIP)

CORONER'S USE ONLY

[redacted] — 127. DATE (mm/dd/yyyy) — 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E	FAX AUTH #	CENSUS TRACT

"0"0001001212004"

109007211

INFORMATIONAL, NOT A LEGAL DOCUMENT
NOT TO ESTABLISH IDENTITY

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

Jonathan E. Fielding MD MPH
VD

DATE ISSUED SEP 17 2009

Director of Health Services and Registrar

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