

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL INCORPORATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEASED—FIRST GIVEN Frank		1B. MIDDLE Vincent		1C. LAST (FAMILY) Zappa		2A. DATE OF DEATH—MO. DAY, YR December 4, 1993		2B. HOUR 19:01		2C. SEX M	
4. RACE Caucasian		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR December 21, 1940		7. AGE IN YEARS 52		8. IF UNDER 1 YEAR WORKING DAYS		9. IF UNDER 24 HOURS HOURS MINUTES	
8. STATE OF BIRTH MD		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Francis Vincent Zappa		10B. STATE OF BIRTH Italy		11A. FULL MAIDEN NAME OF MOTHER Rosemarie Collingre		11B. STATE OF BIRTH Unknown	
12. MILITARY SERVICE		13. SOCIAL SECURITY NO. 546-56-0064		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME Adelaide Gail Sloatman		16. USUAL OCCUPATION Composer		17. EDUCATION—YEARS COMPLETED 12	
18. TO 19. NONE <input checked="" type="checkbox"/>		19B. USUAL KIND OF BUSINESS OR INDUSTRY Music		10C. USUAL EMPLOYER Self		15C. YEARS IN OCCUPATION 52		17. EDUCATION—YEARS COMPLETED 12			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 11917 Vose Street		18B. COUNTY Los Angeles		18E. NUMBER OF YEARS IN THIS COUNTY 26		18F. STATE OR FOREIGN COUNTRY California		18C. CITY No. Hollywood		18D. ZIP CODE 91605	
18A. PLACE OF DEATH Residence		18B. IN HOSPITAL, SPECIFY ONE (P, ER/OP, OOA)		18C. COUNTY Los Angeles		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INCORPORATION Gail Zappa- Wife 11917 Vose Street No. Hollywood, CA 91605					
19A. STREET ADDRESS—STREET AND NUMBER OR LOCATION 11917 Vose Street		19B. CITY No. Hollywood		21. DEATH WAS CAUSED BY—(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Renal Failure		22. TIME INTERVAL BETWEEN ONSET AND DEATH 3 months		22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) Metastatic Prostate Cancer				3 months		24A. WAS AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None	
DUE TO (C)				25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. No.					
27A. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 27A. DECEASED ATTENDED SINCE MONTH, DAY, YEAR 02/01/90		27B. DECEASED LAST SEEN ALIVE MONTH, DAY, YEAR 12/02/93		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Cynthia M. Watson M.D.</i>		27C. CERTIFIER'S LICENSE NUMBER C52886		27D. DATE SIGNED 12/04/93			
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Cynthia M. Watson, M.D. 530 Wilshire; Santa Monica, CA 90401		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		28B. DATE SIGNED							
29. MANNER OF DEATH—(Specify one: natural, homicide, suicide, homicide, pending investigation or cause not to be determined)		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. FLOOR			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)									
34A. DISPOSITION(S) Burial		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Pierce Brothers Westwood Mem. Park 1218 Glendon Ave., Los Angeles 90024		34C. DATE MO. DAY, YR 12/05/93		34A. SIGNATURE OF EMBALMER Not Embalmed		34B. LICENSE NO.			
35A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Pierce Bros. Westwood Village		35B. LICENSE NO. F-951		37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		38. REGISTRATION DATE DEC - 5 1993					
STATE REGISTRAR A.		B.		C.		D.		E.		F. CENSUS TRACT	