

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052017199983

CERTIFICATE OF DEATH

3201719044357

| | | | | | |
|---|--|--|--|---|--|
| 1. NAME OF DECEDENT - FIRST (Given) THOMAS | | 2. MIDDLE EARL | | 3. LAST (Family) PETTY | |
| 4. DATE OF BIRTH (month/day/year) 10/20/1950 | | | | 5. AGE (in years) 66 | |
| 6. SEX M | | 7. PLACE OF BIRTH (City, State, Country) FL | | 8. DATE OF DEATH (month/day/year) 10/02/2017 | |
| 9. HOURS (24 HOUR) 2043 | | 10. MARRIAGE STATUS (in this state) MARRIED | | 11. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN | |
| 12. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SONG WRITER | | 13. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MUSICIAN | | 14. YEARS IN OCCUPATION 40 | |
| 15. DECEASED'S RESIDENCE (Street and number or location) 27403 PACIFIC COAST HIGHWAY | | | | | |
| 16. CITY MALIBU | | 17. COUNTY/PROVINCE LOS ANGELES | | 18. ZIP CODE 90265 | |
| 19. YEARS IN COUNTY 43 | | 20. STATE/FOREIGN COUNTRY CA | | | |
| 21. INFORMANT'S NAME, RELATIONSHIP DANA MARIE PETTY, WIFE | | | 22. INFORMANT'S MAILING ADDRESS (Street and number, city or town, state and zip) 27403 PACIFIC COAST HIGHWAY, MALIBU, CA 90265 | | |
| 23. NAME OF SURVIVING SPOUSE (GIVEN)-FIRST DANA | | 24. MIDDLE MARIE | | 25. LAST (BIRTH NAME) YORK | |
| 26. NAME OF FATHER/PARENT-FIRST EARL | | 27. MIDDLE - | | 28. LAST PETTY | |
| 29. NAME OF MOTHER/PARENT-FIRST KATHERINE | | 30. MIDDLE JOHN | | 31. LAST (BIRTH NAME) AVERY | |
| 32. BIRTH STATE GA | | 33. BIRTH STATE GA | | | |
| 34. DEPOSITION DATE (month/day/year) 10/06/2017 | | 35. PLACE OF FINAL DEPOSITION RES: DANA MARIE PETTY 27403 PACIFIC COAST HIGHWAY, MALIBU, CA 90265 | | 36. LICENSE NUMBER [REDACTED] | |
| 37. TYPE OF DISPOSITION CR/RES | | 38. NAME OF FUNERAL ESTABLISHMENT PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK & MORTUARY | | 39. LICENSE NUMBER [REDACTED] | |
| 40. DATE (month/day/year) 10/06/2017 | | 41. DATE (month/day/year) 10/06/2017 | | | |
| 42. NAME OF PLACE OF DEATH SANTA MONICA - UCLA MEDICAL CENTER | | | | | |
| 43. COUNTY LOS ANGELES | | 44. FACILITY ADDRESS OR LOCATION (Street and number or location) 1250 16TH ST | | 45. CITY SANTA MONICA | |
| 46. CAUSE OF DEATH Enter the chain of events - beginning with the disease or condition that directly caused death. DO NOT write the underlying cause as cardiac arrest, respiratory arrest, or circulatory failure, without showing the etiology. DO NOT abbreviate. | | | | | |
| IMMEDIATE CAUSE IN DEFERRED | | 47. DEATH REPORTED TO CORONER (YES) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 48. DEATH REPORTED TO CORONER (YES) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 49. DEFERRED CAUSE (Specify disease or condition leading to death) [REDACTED] | | 50. DEATH REPORTED TO CORONER (YES) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 51. DEATH REPORTED TO CORONER (YES) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 52. UNDERLYING CAUSE (Specify disease or injury that initiated the events leading to death - LAST) [REDACTED] | | 53. AUTOPSY PERFORMED (YES) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 54. AUTOPSY PERFORMED (YES) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 52) NONE | | 56. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 52 OR 53? (If yes, list type of operation and date) NO | | 57. IF FEMALE, PREGNANT IN LAST YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 58. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Cause: Absent () Cause: List () | | 59. SIGNATURE AND TITLE OF PHYSICIAN [REDACTED] | | 60. LICENSE NUMBER [REDACTED] | |
| 61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED] | | 62. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED] | | | |
| 63. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Pending Investigation | | 64. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 65. INJURY DATE (month/day/year) 10/05/2017 | |
| 66. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED] | | 67. HOUR (24 HOUR) [REDACTED] | | | |
| 68. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED] | | | | | |
| 69. LOCATION OF INJURY (Street and number or location, and city and state) [REDACTED] | | | | | |
| 70. SIGNATURE AND TITLE OF CORONER/DEPUTY CORONER [REDACTED] | | 71. DATE (month/day/year) 10/05/2017 | | 72. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER REGINA AUGUSTINE, DEP. CORONER | |

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



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

[Signature]
VB
 Director of Public Health and Registrar

OCT 10 2017

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE