

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052017195012

## CERTIFICATE OF DEATH

3201719043281

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) HUGH		3. LAST (Family) HEFNER	
2. MIDDLE MARSTON		4. DATE OF BIRTH mm/dd/yyyy 04/09/1926	
5. AGE Yrs 91		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JNK		12. MARITAL STATUS/SRDP* at Time of Death MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		16. DATE OF DEATH mm/dd/yyyy 09/27/2017	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PLAYBOY FOUNDER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PUBLISHING	
19. YEARS IN OCCUPATION 64		20. DECEDENT'S RESIDENCE (Street and number, or location) 10236 CHARING CROSS ROAD	
21. CITY LOS ANGELES		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90024		24. YEARS IN COUNTY 46	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP MICHAEL WHALEN, ATTORNEY	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 531 SOUTH MARENGO AVENUE, PASADENA, CA 91101		28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST CRYSTAL	
29. MIDDLE -		30. LAST (BIRTH NAME) HARRIS	
31. NAME OF FATHER/PARENT-FIRST GLENN		32. MIDDLE LUCIUS	
33. LAST HEFNER		34. BIRTH STATE NE	
35. NAME OF MOTHER/PARENT-FIRST GRACE		36. MIDDLE CAROLINE	
37. LAST (BIRTH NAME) SWANSON		38. BIRTH STATE NE	
39. DISPOSITION DATE mm/dd/yyyy 09/29/2017		40. PLACE OF FINAL DISPOSITION PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK 1218 GLENDON AVENUE, LOS ANGELES, CA 90024	
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EXAMINER [REDACTED]	
43. NAME OF FUNERAL ESTABLISHMENT PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK & MORTUARY		44. LICENSE NUMBER FD951	
45. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		46. DATE mm/dd/yyyy 09/29/2017	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> CHD <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 10236 CHARING CROSS ROAD		104. CITY LOS ANGELES	
105. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIAC ARREST (B) RESPIRATORY FAILURE (C) SEPTICEMIA (D) E. COLI HIGHLY RESISTANT TO ANTIBIOTICS UNDETERMINED ETIOLOGY 107. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE 108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input type="checkbox"/> NO 109. BIOPSY PERFORMED? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input type="checkbox"/> NO 110. AUTOPSY PERFORMED? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input type="checkbox"/> NO 112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO 113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/yyyy --/--/1975 Decedent Last Seen Alive (B) mm/dd/yyyy 09/27/2017		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
116. LICENSE NUMBER G8242		117. DATE mm/dd/yyyy 09/29/2017	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARK L SAGINOR M.D. 2080 CENTURY PARK E STE 1705, LOS ANGELES, CA 90067		119. I 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 type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JNK		121. INJURY DATE mm/dd/yyyy [REDACTED]	
122. HOUR (24 Hours) [REDACTED]		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]		125. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]	
126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		127. DATE mm/dd/yyyy [REDACTED]	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]		129. SIGNATURE OF REGISTRAR [REDACTED]	

STATE REGISTRAR

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

Director of Public Health and Registrar

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

PNBCO (REV) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE