# STATE OF CALIFORNIA
# CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012025719 — STATE FILE NUMBER

**CERTIFICATE OF DEATH**
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV 3/06)

3201219005767 — LOCAL REGISTRATION NUMBER

### DECEDENT'S PERSONAL DATA

| 1. NAME OF DECEDENT– FIRST (Given) | 2. MIDDLE | 3. LAST (Family) |
|---|---|---|
| WHITNEY | ELIZABETH | HOUSTON |

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

| 4. DATE OF BIRTH mm/dd/ccyy | 5. AGE Yrs. | IF UNDER ONE YEAR Months | Days | IF UNDER 24 HOURS Hours | Minutes | 6. SEX |
|---|---|---|---|---|---|---|
| 08/09/1963 | 48 | | | | | F |

| 9. BIRTH STATE/FOREIGN COUNTRY | 10. SOCIAL SECURITY NUMBER | 11. EVER IN U.S. ARMED FORCES? | 12. MARITAL STATUS/SRDP* (at Time of Death) | 7. DATE OF DEATH mm/dd/ccyy | 8. HOUR (24 Hours) |
|---|---|---|---|---|---|
| NEW JERSEY | [redacted] | ☐ YES ☒ NO ☐ UNK | DIVORCED | 02/11/2012 | 1555 |

| 13. EDUCATION – Highest Level/Degree (see worksheet on back) | 14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) | 16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back) |
|---|---|---|
| ASSOCIATE | ☐ YES ☒ NO | AFRICAN AMERICAN |

| 17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) | 19. YEARS IN OCCUPATION |
|---|---|---|
| ENTERTAINER | ENTERTAINMENT | 33 |

### USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): [redacted]

| 21. CITY | 22. COUNTY/PROVINCE | 23. ZIP CODE | 24. YEARS IN COUNTY | 25. STATE/FOREIGN COUNTRY |
|---|---|---|---|---|
| ALPHARETTA | FULTON | 30022 | 48 | GEORGIA |

### INFORMANT

| 26. INFORMANT'S NAME, RELATIONSHIP | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) |
|---|---|
| BOBBI KRISTINA BROWN, DAUGHTER | [redacted] |

### SPOUSE/SRDP AND PARENT INFORMATION

| 28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST | 29. MIDDLE | 30. LAST (BIRTH NAME) | |
|---|---|---|---|
| - | - | - | |
| **31. NAME OF FATHER/PARENT–FIRST** | **32. MIDDLE** | **33. LAST** | **34. BIRTH STATE** |
| JOHN | RUSSELL | HOUSTON | NEW JERSEY |
| **35. NAME OF MOTHER/PARENT–FIRST** | **36. MIDDLE** | **37. LAST (BIRTH NAME)** | **38. BIRTH STATE** |
| EMILY | CISSY | DRINKARD | NEW JERSEY |

### FUNERAL DIRECTOR/ LOCAL REGISTRAR

| 39. DISPOSITION DATE mm/dd/ccyy | 40. PLACE OF FINAL DISPOSITION | 42. SIGNATURE OF EMBALMER | 43. LICENSE NUMBER |
|---|---|---|---|
| 02/18/2012 | FAIR VIEW CEMETERY<br>1100 EAST BROAD STREET, WESTFIELD, NJ 07090 | [redacted] | EMB8037 |

| 41. TYPE OF DISPOSITION(S) | 44. NAME OF FUNERAL ESTABLISHMENT | 45. LICENSE NUMBER | 46. SIGNATURE OF LOCAL REGISTRAR | 47. DATE mm/dd/ccyy |
|---|---|---|---|---|
| TR/BU | HOUSE OF WINSTON MORTUARY INC. | FD639 | [redacted] | 02/13/2012 |

### PLACE OF DEATH

| 101. PLACE OF DEATH | 102. IF HOSPITAL, SPECIFY ONE | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE |
|---|---|---|
| BEVERLY HILTON HOTEL | ☐ ER/OP ☐ DOA | ☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☒ Other |

| 104. COUNTY | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) | 106. CITY |
|---|---|---|
| LOS ANGELES | [redacted] | BEVERLY HILLS |

### CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

| | | Time Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | (A) DEFERRED | (AT) - |
| Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | (B) | (BT) |
| | (C) | (CT) |
| | (D) | (DT) |

| 108. DEATH REPORTED TO CORONER? | 109. BIOPSY PERFORMED? | 110. AUTOPSY PERFORMED? | 111. USED IN DETERMINING CAUSE? |
|---|---|---|---|
| ☒ YES ☐ NO | ☐ YES ☒ NO | ☒ YES ☐ NO | ☒ YES ☐ NO |
| REFERRAL NUMBER 2012-01022 | | | |

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
NONE

| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) | 113A. IF FEMALE, PREGNANT IN LAST YEAR? |
|---|---|
| NO | ☐ YES ☒ NO ☐ UNK |

### PHYSICIAN'S CERTIFICATION

| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. | 115. SIGNATURE AND TITLE OF CERTIFIER | 116. LICENSE NUMBER | 117. DATE mm/dd/ccyy |
|---|---|---|---|
| Decedent Attended Since (A) mm/dd/ccyy; Decedent Last Seen Alive (B) mm/dd/ccyy | [redacted] | | |

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE

### CORONER'S USE ONLY

| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH | 120. INJURED AT WORK? | 121. INJURY DATE mm/dd/ccyy | 122. HOUR (24 Hours) |
|---|---|---|---|
| ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☒ Pending Investigation ☐ Could not be determined | ☐ YES ☐ NO ☐ UNK | | |

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

| 126. SIGNATURE OF CORONER / DEPUTY CORONER | 127. DATE mm/dd/ccyy | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER |
|---|---|---|
| [redacted] | 02/13/2012 | REGINA M AUGUSTINE, DEPUTY CORONER |

| STATE REGISTRAR | A | B | C | D | E | | FAX AUTH.# | CENSUS TRACT |
|---|---|---|---|---|---|---|---|---|
| | | | | | | *010001001990560* | | |



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.

Long Man E Fielding MD
VD

FEB 15 2012

0 0 0 0 3 3 2 0 *

DATE ISSUED

Director of Public Health and Registrar

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