

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052010079086

CERTIFICATE OF DEATH

3201019021347

1. NAME OF DECEDENT- FIRST (Given) DENNIS		2. MIDDLE LEE		3. LAST (Family) HOPPER	
4. AKA, ALSO KNOWN AS - include MR AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 05/17/1936		5. AGE Yrs 74	
6. BIRTH STATE/FOREIGN COUNTRY KS		7. SOCIAL SECURITY NUMBER		8. MARRIAGE STATUS (or "Year of Death") MARRIED	
9. EDUCATION - Highest Level (Degree, Non-graduate or None) HS GRADUATE		10. VINT DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) NO		11. DECEDENT'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		13. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		14. YEARS IN OCCUPATION 55	
15. USUAL RESIDENCE - (Street name and number, or location)		16. CITY VENICE		17. COUNTY/PROVINCE LOS ANGELES	
18. ZIP CODE 90291		19. YEARS IN COUNTY 55		20. STATE/FOREIGN COUNTRY CA	
21. INFORMANT'S NAME, RELATIONSHIP MARIN HOPPER, DAUGHTER					
22. NAME OF SURVIVING SPOUSE/GROUP-FIRST VICTORIA					
23. NAME OF FATHER/PARENT-FIRST JAY					
24. NAME OF MOTHER/PARENT-FIRST MARJORIE					
25. DISPOSITION DATE mm/dd/yyyy 06/02/2010					
26. PLACE OF FINAL DISPOSITION PADRE NUESTRO DE NAZARENO HWY 518, RANCHO DE TAOS, NM 87557					
27. TYPE OF DISPOSITION TR/BU					
28. NAME OF FUNERAL ESTABLISHMENT PIERCE BROTHERS WESTWOOD VILLAGE 951					
29. PLACE OF DEATH RESIDENCE					
30. COUNTY LOS ANGELES					
31. FACILITY ADDRESS OR LOCATION WHERE YOU DIED (Street name and number, or location) 330 INDIANA AVE VENICE					
32. CAUSE OF DEATH HEPATIC FAILURE PROSTATE CANCER					
33. IMMEDIATE CAUSE (Final disease or condition resulting in death)					
34. UNDERLYING CAUSE (Underlying cause of death)					
35. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
36. WAS OPERATION PERFORMED AND CONDITIONS IN ITEM 107 OR 112? (If yes, list type of operation and date) PROSTATE BIOPSY 02-11-1997					
37. SIGNATURE AND TITLE OF CERTIFIER DAVID BERNARD AGUS M.D.					
38. LICENSE NUMBER G85631					
39. DATE mm/dd/yyyy 06/01/2010					
40. MANNER OF DEATH (Check one) Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>					
41. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
42. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
43. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
44. SIGNATURE OF CORONER / DEPUTY CORONER					
45. DATE mm/dd/yyyy					
46. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
47. STATE REGISTRAR					
48. FAX AUTH.#					
49. CENSUS TRACT					

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.

Jonahman E. Fielding mo
VD

DATE ISSUED

JUN - 7 2010



Director of Public Health and Registrar

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

