

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK**

**CERTIFICATE OF DEATH**

3201019051991

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT- FIRST (Given) <b>AIMEE</b>		2 MIDDLE <b>JO</b>	3 LAST (Family) <b>ANDERSON</b>
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
9 BIRTH STATE/FOREIGN COUNTRY <b>MN</b>		10 SOCIAL SECURITY NUMBER <b>395-48-3595</b>	11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK
13 EDUCATION - Highest Level/Degree <b>UNKNOWN</b>		14/15 WAS DECEDENT HISPANIC/LATINO/A/S/PANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>
17 USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED <b>VOCATIONAL REHABILITATION SPEC</b>		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>VOCATIONAL REHABILITATION</b>	19 YEARS IN OCCUPATION <b>UNK</b>
20 DECEDENT'S RESIDENCE (Street and number, or location) <b>15030 VICTORY BLVD. #10</b>		21 CITY <b>VAN NUYS</b>	22 COUNTY/PROVINCE <b>LOS ANGELES</b>
23 ZIP CODE <b>91411</b>		24 YEARS IN COUNTY <b>33</b>	25 STATE/FOREIGN COUNTRY <b>CA</b>
26 INFORMANT'S NAME, RELATIONSHIP <b>TRAVIS SIEMS, FUNERAL DIRECTOR</b>		27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>924 WESTWOOD BLVD. #335, LOS ANGELES, CA 90095</b>	
28 NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>-</b>		29 MIDDLE <b>-</b>	30 LAST (BIRTH NAME) <b>-</b>
31 NAME OF FATHER/PARENT - FIRST <b>JOSEPH</b>		32 MIDDLE <b>M.</b>	33 LAST <b>BERGER</b>
34 BIRTH STATE <b>MN</b>		35 NAME OF MOTHER/PARENT - FIRST <b>MARY</b>	
36 MIDDLE <b>R.</b>		37 LAST (BIRTH NAME) <b>UNKNOWN</b>	38 BIRTH STATE <b>WI</b>
39 DISPOSITION DATE mm/dd/ccyy <b>01/05/2011</b>		40 PLACE OF FINAL DISPOSITION <b>UCLA DONATED BODY PROGRAM 924 WESTWOOD BLVD. #335, LOS ANGELES, CA 90095</b>	
41 TYPE OF DISPOSITION(S) <b>SU</b>		42 SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>	43 LICENSE NUMBER <b>-</b>
44 NAME OF FUNERAL ESTABLISHMENT <b>ULCA DONATED BODY PROGRAM</b>		45 LICENSE NUMBER <b>NONE</b>	46 SIGNATURE OF LOCAL REGISTRAR <b>▶ JONATHAN FIELDING, MD</b>
47 DATE mm/dd/ccyy <b>01/04/2011</b>		48 SIGNATURE OF LOCAL REGISTRAR 	
101 PLACE OF DEATH <b>VALLEY PRESBYTERIAN HOSPITAL</b>		102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other
104 COUNTY <b>LOS ANGELES</b>		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>15107 VAN OWEN ST.</b>	106 CITY <b>VAN NUYS</b>
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>(A) CARDIORESPIRATORY ARREST</b> <b>(B) ARTERIOSCLEROTIC HEART DISEASE</b> 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>(C) METASTATIC CARCINOMA TO LIVER</b>		108 DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (AT) <b>MINS.</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RETURNAL NUMBER	109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>METASTATIC CARCINOMA TO LIVER</b>
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		113A IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
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 mm/dd/ccyy <b>12/13/2010</b>		115 SIGNATURE AND TITLE OF CERTIFIER <b>▶ SRIDHAR RAMACHANDRAN M.D.</b>	116 LICENSE NUMBER <b>A37344</b>
117 DATE mm/dd/ccyy <b>12/17/2010</b>		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>SRIDHAR RAMACHANDRAN M.D. 15243 VANOWEN ST STE 408, VAN NUYS, CA 91405</b>	
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"/> UNK	121 INJURY DATE mm/dd/ccyy
122 HOUR (24 Hours)		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

STATE REGISTRAR A B C D E \*010001001663140\* FAX AUTH.# CENSUS TRACT

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

*Dean C Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

**MAY 04 2011**

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