

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER [REDACTED] LOCAL REGISTRATION NUMBER [REDACTED]

1. NAME OF DECEDENT - FIRST (Given) DONALD 2. MIDDLE JAY 3. LAST (Family) RICKLES

4. DATE OF BIRTH 05/08/1926 5. AGE Yrs 90 6. SEX M

7. DATE OF DEATH 04/06/2017 8. HOUR 1040

9. BIRTH STATE/FOREIGN COUNTRY NY 10. SOCIAL SECURITY NUMBER [REDACTED] 11. EVER IN U.S. ARMED FORCES? YES NO JVA 12. MARITAL STATUS/GROUP at time of death MARRIED 13. EDUCATION - Highest level attained HS GRADUATE 14.13. WAS DECEDENT HISPANIC/LATINO/SPANISH? YES NO 15. OCCIDENTAL RACE - (Up to 3 races may be listed see instruction on back) WHITE

16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ENTERTAINER 17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT 18. YEARS IN OCCUPATION 74

19. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]

21. CITY LOS ANGELES 22. COUNTY/PROVINCE LOS ANGELES 23. ZIP CODE 90067 24. YEARS IN COUNTY 65 25. STATE/FOREIGN COUNTRY CA

26. INFORMANT'S NAME, RELATIONSHIP BARBARA RICKLES, WIFE [REDACTED]

28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST BARBARA 29. MIDDLE RITA 30. LAST (BIRTH NAME) SKLAR

31. NAME OF FATHER-IN-LAW MAX 32. MIDDLE - 33. LAST RICKLES 34. BIRTH STATE LITHUANIA

35. NAME OF MOTHER-IN-LAW ETTA 36. MIDDLE - 37. LAST FELDMAN 38. BIRTH STATE NY

39. DATE OF DISPOSITION 04/09/2017 40. PLACE OF FINAL DISPOSITION MOUNT SINAI MEMORIAL PARK 5950 FOREST LAWN DR., LOS ANGELES, CA 90068

41. TYPE OF DISPOSITION BU 42. LICENSE NUMBER [REDACTED] 43. DATE 04/07/2017

44. NAME OF FUNERAL ESTABLISHMENT MOUNT SINAI MORTUARY 45. LICENSE NUMBER PD1010 46. DATE 04/07/2017

101. PLACE OF DEATH RESIDENCE 102. COUNTY LOS ANGELES 103. CAUSE OF DEATH END STAGE RENAL DISEASE HYPERTENSION DIABETES TYPE II

104. CAUSE OF DEATH (Final disease or condition resulting in death) 105. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (None) 106. HAD OPERATIVE PROCEDURES FOR ANY CONDITION IN ITEM 103 OR 104? NO

107. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 108. SIGNATURE AND TITLE OF CORONER 109. DATE 04/06/2017

110. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 111. TYPE OF DEATH (Natural, Accident, Homicide, Suicide, Pending Investigation, Gun/Drive-By, Other) 112. INJURY DATE 113. HOUR OF INJURY

114. PLACE OF INJURY 115. DESCRIBE HOW INJURY OCCURRED 116. LOCATION OF INJURY 117. SIGNATURE OF CORONER/DEPUTY CORONER 118. DATE 119. TYPE, NAME, TITLE OF CORONER/DEPUTY CORONER

STATE REGISTRAR A B C D E 100001007520017 FAX AUTH.# GENBUS TRACT

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 of Registrar: [Signature] Director of Public Health and Registrar

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APR 12 2017