

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

85-122983

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

38519033291

1A. NAME OF DECEDENT - FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
JAMES		P.		KINNON		July 9, 1985		2400	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE	
Male		White/Scottish		NO		April 5, 1911		74	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER				10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
Scotland		James Kinnon-Scotland				Elizabeth Carrick-Scotland			
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY (GIVE DATES OF SERVICE)		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER FULL NAME)	
U. S. A.		19 TO 19		166-07-5364		Married		Betsy Guss	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS			
Roofer		30		Co-Operative Co.		Roofing			
19A. USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OR LOCATION)					19B. CITY OR TOWN				
10717 Sherman Way					Sun Valley				
19C. COUNTY					19D. STATE				
Los Angeles					California				
20. NAME AND ADDRESS OF INFORMANT - RELATIONSHIP					21. CITY OR TOWN				
Betsy Kinnon-Wife					Sun Valley, California 91352				
22A. PLACE OF DEATH		22B. COUNTY		22C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)					
Encino Hospital		Los Angeles		16237 Ventura Blvd.					
22D. CITY OR TOWN		22E. STATE		22F. ZIP CODE					
Encino		California		91301					
23. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		25. WAS DEATH REPORTED TO CORONER?		26. WAS DEATH COPY PERFORMED?		27. WAS AUTOPSY PERFORMED?	
CONDITIONS, IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		3 wks		No		No		Yes	
(A) Superior Vena Cava Syndrome		3 wks		No		No		Yes	
(B) Squamous Cell Carcinoma of Lung		17 mos		No		No		Yes	
(C)									
28. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN 23A					29. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION				
Chronic obstructive Pulmonary Disease					Bypass				
30. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		31. PHYSICIAN - SIGNATURE AND DEGREE OR TITLE		32. DATE SIGNED		33. PHYSICIAN'S LICENSE NUMBER		34. DATE SIGNED	
7/9/85		Dennis Casciato MD		7/11/85		A21670		7/11/85	
35. TYPE PHYSICIAN'S NAME AND ADDRESS		36. INJURY AT WORK		37. DATE OF INJURY - MONTH, DAY, YEAR		38. HOUR			
Dennis Casciato, 16255 Ventura Blvd. #701, Encino, Ca.		No		7/11/85					
39. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)					40. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
41. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)		42. CORONER - SIGNATURE AND DEGREE OR TITLE		43. DATE SIGNED		44. DATE SIGNED			
45. DISPOSITION		46. DATE - MONTH, DAY, YEAR		47. NAME AND ADDRESS OF CEMETERY OR CREMATORY		48. ENBALMER'S LICENSE NUMBER AND SIGNATURE			
Cremation		July 15, 1985		Chapel of the Pines, Los Angeles, Ca.		Not Embalmed			
49A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		49B. LICENSE NO.		49C. LOCAL REGISTRAR		49D. DATE ACCEPTED BY LOCAL REGISTRAR			
Pierce Brothers Valhalla		F-916		Robert M. ...		JUL 11 1985			
STATE REGISTRAR		A		B		C		D	

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.
MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records by:

Linette T Scott
DATE ISSUED FEB - 2 2011
LINETTE T SCOTT, MD, MPH, DEPUTY DIRECTOR
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISION



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Source: Cathie Kinnon L.

