

**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH**

3052012025719

**CERTIFICATE OF DEATH**

3201219005767

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
1. NAME OF DECEDENT - FIRST (Given) <b>WHITNEY</b>		2. MIDDLE <b>ELIZABETH</b>		3. LAST (Family) <b>HOUSTON</b>			
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)							
9. BIRTH STATE/FOREIGN COUNTRY <b>NEW JERSEY</b>		10. SOCIAL SECURITY NUMBER	4. DATE OF BIRTH mm/dd/yyyy <b>08/09/1963</b>	5. AGE Yrs. <b>48</b>			
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>ASSOCIATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12. MARITAL STATUS/GRDP* (at Time of Death) <b>DIVORCED</b>	7. DATE OF DEATH mm/dd/yyyy <b>02/11/2012</b>			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ENTERTAINER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ENTERTAINMENT</b>		6. SEX <b>F</b>			
19. YEARS IN OCCUPATION <b>33</b>							
USUAL RESIDENCE							
21. CITY <b>ALPHARETTA</b>		22. COUNTY/PROVINCE <b>FULTON</b>	23. ZIP CODE <b>30022</b>	24. YEARS IN COUNTY <b>48</b>			
25. STATE/FOREIGN COUNTRY <b>GEORGIA</b>							
26. INFORMANT'S NAME, RELATIONSHIP <b>BOBBI KRISTINA BROWN, DAUGHTER</b>							
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST							
29. MIDDLE							
30. LAST (BIRTH NAME)							
31. NAME OF FATHER/PARENT - FIRST <b>JOHN</b>							
32. MIDDLE <b>RUSSELL</b>							
33. LAST <b>HOUSTON</b>							
34. BIRTH STATE <b>NEW JERSEY</b>							
35. NAME OF MOTHER/PARENT - FIRST <b>EMILY</b>							
36. MIDDLE <b>CISSY</b>							
37. LAST (BIRTH NAME) <b>DRINKARD</b>							
38. BIRTH STATE <b>NEW JERSEY</b>							
36. DISPOSITION DATE mm/dd/yyyy <b>02/18/2012</b>							
40. PLACE OF FINAL DISPOSITION <b>FAIR VIEW CEMETERY 1100 EAST BROAD STREET, WESTFIELD, NJ 07090</b>							
41. TYPE OF DISPOSITION(S) <b>TR/BU</b>							
42. SIGNATURE OF LOCAL REGISTRAR							
43. LICENSE NUMBER <b>EMB8037</b>							
44. NAME OF FUNERAL ESTABLISHMENT <b>HOUSE OF WINSTON MORTUARY INC.</b>							
45. LICENSE NUMBER <b>FD639</b>							
46. SIGNATURE OF LOCAL REGISTRAR							
47. DATE mm/dd/yyyy <b>02/13/2012</b>							
101. PLACE OF DEATH <b>BEVERLY HILTON HOTEL</b>							
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> INP <input type="checkbox"/> E/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other							
103. IF OTHER THAN HOSPITAL, SPECIFY ONE							
104. COUNTY <b>LOS ANGELES</b>							
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>9876 WILSHIRE BOULEVARD</b>							
106. CITY <b>BEVERLY HILLS</b>							
107. CAUSE OF DEATH							
IMMEDIATE CAUSE (A) DEFERRED (Final disease or condition resulting in death) →							
(B) →							
Sequentially, list conditions, if any, leading to cause on Line A, Enter UNDERLYING CAUSE (disease or injury that initiated the episode resulting in death) LAST							
108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
110. AUTOPSY PERFORMED? (C) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
111. USED IN DETERMINING CAUSE? (D) <input checked="" 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>NONE</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.							
115. SIGNATURE AND TITLE OF CERTIFIER							
116. LICENSE NUMBER							
117. DATE mm/dd/yyyy							
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE							
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 checked="" 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/yyyy							
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/yyyy <b>02/13/2012</b>							
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>REGINA M AUGUSTINE, DEPUTY CORONER</b>							
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	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.

*Jonathan E Fielding MD*  
VD DATE ISSUED

Director of Public Health and Registrar

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

