

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

**COUNTY OF LOS ANGELES**

**DEPARTMENT OF PUBLIC HEALTH**

3052020286394

**CERTIFICATE OF DEATH**

3202019067252

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) <b>TOMMY</b>	2. MIDDLE <b>DEBO</b>	3. LAST (Family) <b>LISTER</b>		
	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) <b>TINY DEBO LISTER</b>		4. DATE OF BIRTH mm/dd/yyyy <b>06/24/1958</b>	5. AGE Yrs. <b>62</b>	6. SEX <b>M</b>
	9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>	10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP* (at Time of Death) <b>MARRIED</b>	7. DATE OF DEATH mm/dd/yyyy <b>12/10/2020</b>
	13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <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>AFRICAN AMERICAN</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ACTOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ENTERTAINMENT</b>		19. YEARS IN OCCUPATION <b>40</b>	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) <b>4157 VIA MARINA BLDG 8 #705</b>				
	21. CITY <b>MARINA DEL REY</b>	22. COUNTY/PROVINCE <b>LOS ANGELES</b>	23. ZIP CODE <b>90292</b>	24. YEARS IN COUNTY <b>62</b>	25. STATE/FOREIGN COUNTRY <b>CA</b>
	26. INFORMANT'S NAME, RELATIONSHIP <b>FELICIA LISTER, SPOUSE</b>				
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>FELICIA</b>		29. MIDDLE <b>SYLVIA</b>	30. LAST (BIRTH NAME) <b>FORDES</b>	
	31. NAME OF FATHER/PARENT - FIRST <b>TOMMY</b>	32. MIDDLE <b>-</b>	33. LAST <b>LISTER SR.</b>		34. BIRTH STATE <b>CA</b>
	35. NAME OF MOTHER/PARENT - FIRST <b>MILDRED</b>	36. MIDDLE <b>-</b>	37. LAST (BIRTH NAME) <b>EDWARDS</b>		38. BIRTH STATE <b>CA</b>
	27. INFORMANT'S MAILING ADDRESS (Street and number, or post office number, city or town, state and zip)				
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy <b>12/17/2020</b>		40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF FELICIA LISTER</b>		
	41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER [REDACTED]		43. LICENSE NUMBER [REDACTED]
	44. NAME OF FUNERAL ESTABLISHMENT <b>NATURAL GRACE</b>		45. LICENSE NUMBER <b>FD2066</b>	46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
PLACE OF DEATH	101. PLACE OF DEATH <b>RESIDENCE</b>				
	104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]		106. CITY <b>MARINA DEL REY</b>
	107. CAUSE OF DEATH Enter the chain of events -- disease, 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. <b>(A) DEFERRED</b>			108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (AT) <b>2020-11539</b>	
	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CAUSE OF DEATH	111. USED IN DETERMINING CAUSE? <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 type="checkbox"/> NO <input type="checkbox"/> UNK				
PHYSICIAN'S CERTIFICATION	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 (A) mm/dd/yyyy Decedent Last Seen Alive (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		
	116. LICENSE NUMBER [REDACTED]		117. DATE mm/dd/yyyy [REDACTED]		
CORONER'S USE ONLY	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 [REDACTED]		127. DATE mm/dd/yyyy <b>12/16/2020</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>EVONNE D REED, DEPUTY CORONER</b>	

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NOT FOR PUBLICATION  
ESTABLISHED DOCUMENT

CALOSANGO 4



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.



*Evonne D Reed, MD* DATE ISSUED  
 Health Officer and Registrar

**JAN 11 2021**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

**COUNTY OF LOS ANGELES**

**DEPARTMENT OF PUBLIC HEALTH**

3052020286394

**AFFIDAVIT TO AMEND A RECORD**

3202019067252

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

LOCAL REGISTRATION NUMBER

1.1

BIRTH  DEATH  FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

**PART I INFORMATION TO LOCATE RECORD**

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST TOMMY	1B. MIDDLE DEBO	1C. LAST LISTER	
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 12/10/2020	4. CITY OF EVENT MARINA DEL REY	5. COUNTY OF EVENT LOS ANGELES
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD TOMMY - LISTER SR.		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD MILDRED - EDWARDS	
	2 of 2			

**PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD**

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
30	FORDES	FORBES
11. SPOUSE NAME ERROR		

REASON FOR CORRECTION

INFORMATIONAL  
NOT A VALID DOCUMENT  
TO ESTABLISH IDENTITY

**We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.**

AFFIDAVITS AND SIGNATURES	12A. SIGNATURE OF FIRST PERSON	12B. PRINTED NAME SHARI WOLF	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 550 SILVER SPUR ROAD #230, RANCHO PLS VDS, CA 90275	12E. DATE SIGNED—MM/DD/CCYY 12/23/2020	
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	13A. SIGNATURE OF SECOND PERSON	13B. PRINTED NAME THANH RANDELL	13C. TITLE/RELATIONSHIP TO PERSON IN PART I OFFICE MANAGER
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)	13E. DATE SIGNED—MM/DD/CCYY 12/23/2020	
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR	15. DATE ACCEPTED FOR REGISTRATION 12/24/2020	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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Health Officer and Registrar      DATE ISSUED      **JAN 11 2021**

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