

CERTIFICATE OF DEATH STATE OF CALIFORNIA

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
GEORGE		ORSON		WELLES	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	6. DATE OF BIRTH		
Male	White		May 6, 1915		
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER			
Wisconsin		Richard Head Welles-Unknown			
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS		
U.S.A.	19__ TO 19__		Married		
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER OF SELF-EMPLOYED, SO STATE		
Director		50	Self-employed		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
3189 Montecito Drive				Paola Mori Welles-Wife	
19D. COUNTY		19E. STATE		3189 Montecito Drive	
Clark		Nevada		Las Vegas, Nevada 89120	
21A. PLACE OF DEATH		21B. COUNTY			
Residence		Los Angeles			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
1717 N. Stanley Avenue		Los Angeles			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					
IMMEDIATE CAUSE					
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.					
(A) Cardio Pulmonary Collapse ◀ 1 hour DUE TO, OR AS A CONSEQUENCE OF (B) Ventricular Tachycardia ◀ 10 min DUE TO, OR AS A CONSEQUENCE OF (C) Atrial Fibrillation ◀ 5 yrs					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A					
Diabetes, Chronic Phlebitis					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OF DATE					
No					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 9/25/80 I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 7/24/85		Thomas J. Dailey M.D. Thomas J. Dailey, 6272 DeLongpre Ave., Hollywood, Ca.		10/10/85 A27939	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
35A. 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)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Cremation		Oct. 13, 1985		Chapel of the Pines, Los Angeles, Ca.	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Pierce, Brothers Cunningham & O'Connor-Hollywood		F-168		Not Embalmed	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR			
Robert M. Matlock		OCT 11 1985			
STATE REGISTRAR					
A.		B.		C.	
D.		E.		F.	

VS-11 (1-85) 11273

01. 11-7

THIS IS A TRUE CERTIFIED COPY OF THE RECORD
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN
PURPLE INK.



OCT 15 1985

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Robert M. Matlock
Director of Health Services and Registrar