

**STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD**

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

9652012025719

CERTIFICATE OF DEATH

3201219005787

1. NAME OF DECEASED - FIRST (Last)		2. MIDDLE		3. LAST FIRST INITIAL		LOCAL REGISTRATION NUMBER	
WHITNEY		ELIZABETH		A. HUSTON		3201219005787	
4. DATE OF BIRTH (month/day/year)							
08/06/1963		5. AGE IN YEARS		6. SEX		7. RACE	
48		F		A. HUSTON		AFRICAN AMERICAN	
8. BIRTH STATE/COUNTRY							
NEW JERSEY		9. EVER IN U.S. ARMED FORCES		10. MARITAL STATUS (at time of death)		11. DATE OF DEATH (month/day/year)	
[REDACTED]		NO		DIVORCED		02/11/2012	
12. EDUCATION - Highest Grade Completed							
ASSOCIATE		13. OCCUPATION (Specify if not for hire of \$4.00 or more per week)		14. HOUR		15. TIME	
[REDACTED]		ENTERTAINER		1555		[REDACTED]	
16. USUAL RESIDENCE							
[REDACTED]							
17. USUAL RESIDENCE (City or Village)							
[REDACTED]							
18. KIND OF BUSINESS OR OCCUPATION (e.g., grocery store, hotel, construction, employment agency, etc.)							
ENTERTAINMENT							
19. YEARS OF OCCUPATION							
33							
20. DECEASED'S NAME, RELATIONSHIP							
BOBBI KRISTINA BROWN, DAUGHTER							
21. NAME OF SURVIVING SPOUSE/PARTNER - FIRST							
[REDACTED]							
22. MIDDLE							
[REDACTED]							
23. LAST BIRTH NAME							
[REDACTED]							
24. NAME OF FATHER/PARTNER - FIRST							
JOHN							
25. MIDDLE							
RUSSELL							
26. LAST BIRTH NAME							
HOUSTON							
27. NAME OF MOTHER/PARTNER - FIRST							
EMILY							
28. MIDDLE							
CISSY							
29. DEPOSITED (month/day/year)							
02/18/2012							
30. PLACE OF FINAL DISPOSITION							
FAIR VIEW CEMETERY							
1100 EAST BROAD STREET WESTFIELD, NJ 07090							
31. TYPE OF DISPOSITION							
TR/BU							
32. NAME OF FUNERAL ESTABLISHMENT							
HOUSE OF WINSTON MORTUARY INC.							
33. REGISTERED CLERK							
[REDACTED]							
34. PLACE OF DEATH							
BEVERLY HILTON HOTEL							
35. COUNTY							
LOS ANGELES							
36. STREET ADDRESS OF LOCATION WHERE DEATH OCCURRED							
1876 WILSHIRE BOULEVARD							
37. CITY							
BEVERLY HILLS							
38. CAUSE OF DEATH							
[REDACTED]							
39. DEFERRED							
[REDACTED]							
40. ICHD CODE							
[REDACTED]							
41. OTHER SIGNIFICANT CONDITIONS AFFECTING DEATH							
NONE							
42. WAS DEATH CAUSED BY INFLUENZA OR COVID-19?							
NO							
43. CERTIFY THAT TO THE BEST OF YOUR KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED							
[REDACTED]							
44. SIGNATURE AND TITLE OF REGISTRAR							
[REDACTED]							
45. TYPE AND ADDRESS OF PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE							
[REDACTED]							
46. I DECLARE THAT MY OPINION WAS OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED							
[REDACTED]							
47. INJURED AT WORK?							
NO							
48. PLACE OF INJURY (e.g., home, construction site, vehicle, etc.)							
[REDACTED]							
49. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)							
[REDACTED]							
50. LOCATION OF INJURY (Street and number, or highway, mile, city, and state)							
[REDACTED]							
51. SIGNATURE OF CORONER/DEPUTY CORONER							
[REDACTED]							
52. DATE							
02/13/2012							
53. TYPE, TITLE, STATE OF CORONER/DEPUTY CORONER							
REGINA M AUGUSTINE, DEPUTY CORONER							
54. STATE REGISTRAR							
A B C D E							
9652012025719							
FAX AUTH#							
CENSUS 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.

Jana Marie Fielding MD
VO

FEB 15 2012

DATE ISSUED



Director of Public Health and Registrar

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

