

#1 - Medical Science proves how "cancer" does not DIRECTLY cause death. Therefore, it is unacceptable for a medical doctor to report "cancer" as the immediate cause of death. According to the legal requirements of the Center for Disease Control, this entire document would be illegal. Mr. Goss never had cancer, but if he had, the immediate cause of death would have most likely been "renal failure" with "cancer" reported as a secondary cause of death; not cancer itself. Metastatic Renal Cell Carcinoma simplified, is a tumor located in one or both of the kidneys. Dr. Goodman failed to specify which kidney had the tumor. Since human beings are capable of living with only one kidney, the tumor would have had to have been on both sides. Needless to say, an autopsy should have been performed

#2 - Exact time of death was noon on Valentine's Day 2/14/2009, however the last time Mr. Goss was seen alive was on 2/13/2009 (The date fell on a Saturday)

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
LOCAL REGISTRATION NUMBER: 3200919007742

STATE FILE NUMBER			LOCAL REGISTRATION NUMBER		
1 NAME OF DECEDENT - FIRST (Given) MICHAEL		2 MIDDLE R.		3 LAST (Family) GOSS	
4 DATE OF BIRTH: mm/dd/yyyy 04/18/1953			5 AGE Yrs 55		6 SEX M
9 BIRTH STATE/FOREIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER [REDACTED]		12 MARITAL STATUS (at time of Death) WIDOWED	
13 EDUCATION - Highest Level/Degree SOME COLLEGE		14 WAS DECEDENT HISPANIC/LATINO (SPANISH)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) BLACK	
17 USUAL OCCUPATION - Type of work for most of life PROPERTY INVESTOR		18 KIND OF BUSINESS OR INDUSTRY PROPERTY MANAGEMENT		19 YEARS IN OCCUPATION 37	
20 DECEDENT'S RESIDENCE (Street and number or location) 847 HAMMOND ST.					
21 CITY WEST HOLLYWOOD		22 COUNTY/PROVINCE LOS ANGELES		23 ZIP CODE 90069	
24 YEARS IN COUNTY 55		25 STATE/FOREIGN COUNTRY CA			
26 INFORMANT'S NAME, RELATIONSHIP LINDA STEWART-GOSS, SISTER			27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 12611 S. FIGUEROA ST. #1, LOS ANGELES, CA 90061		
28 NAME OF SURVIVING SPOUSE - FIRST -		29 MIDDLE -		30 LAST (Maiden Name) -	
31 NAME OF FATHER - FIRST GEORGE		32 MIDDLE -		33 LAST GOSS	
34 BIRTH STATE TX		35 NAME OF MOTHER - FIRST RITA		36 MIDDLE -	
37 LAST (Maiden) PEREZ		38 BIRTH STATE CA		39 DISPOSITION DATE: mm/dd/yyyy 02/27/2009	
40 PLACE OF FINAL DISPOSITION RES. LINDA STEWART-GOSS 12611 S. FIGUEROA ST. #1, LOS ANGELES, CA 90061		42 SIGNATURE OF EMBALMER NOT EMBALMED		43 LICENSE NUMBER -	
44 NAME OF FUNERAL ESTABLISHMENT CALLANAN & WOODS-SCOVERN		45 LICENSE NUMBER FD407		46 SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD	
47 DATE: mm/dd/yyyy 02/25/2009		101 PLACE OF DEATH CEDARS-SINAI MEDICAL CENTER			
102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/ETC		104 COUNTY LOS ANGELES	
105 FACILITY ADDRESS OR LOCATION WHERE FOUND 8700 BEVERLY BLVD		106 CITY LOS ANGELES			
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.					
(A) IMMEDIATE CAUSE (Final disease or condition resulting in death) METASTATIC RENAL CELL CARCINOMA		(B) [REDACTED]		108 DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		(D) [REDACTED]		109 BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110 AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112 HOURS YRS	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
113 WAS OPERATION PERFORMED / DRAWT CONDITION IN ITEM 101 OR 112? (If yes, list type, operation and date) NO					
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED Decedent: Deceased 01/23/2009 Decedent: Last Seen Alive 02/13/2009		115 SIGNATURE AND TITLE OF CERTIFIER ROBERT IAN GOODMAN M.D.		116 LICENSE NUMBER A1768	
117 DATE: mm/dd/yyyy 02/24/2009		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROBERT IAN GOODMAN M.D. 8700 BEVERLY BLVD B117, LOS ANGELES, CA 90048			
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"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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 Hour)					

#3 - The information in these two sections should match although according to this report, the condition was diagnosed on 1/23/2009, the patient deceased on 2/14/2009, yet somehow Dr. Goodman reported Mr. Goss had the condition for "YRS"

#4 - The information in these two sections should also match, however, according to Dr. Goodman's report, Mr. Goss was last seen alive on 2/13/2009 yet he did not decease until noon on 2/14/2009. Based on this information, there is a discrepancy of exactly 12 hours which are unaccounted for. According to Cedars Sinai, Mr. Goss was not a patient, which could explain the 12 hour discrepancy.