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K-44513

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3 88 50 001693

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		2A. DATE OF DEATH (MONTH, DAY, YEAR)		12B. HOUR	
		GORDON		JAMES		GIBSON		3 88 50 001693		JULY 22, 1988		190544	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR		IF UNDER 24 HOURS	
MALE		CAUC/AMERICAN		NO		SEPTEMBER 3, 1911		76 YEARS		MONTHS		DAYS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
MAETTA, OKLAHOMA		JAMES V. GIBSON ARKANSAS		OLIVE NILES NEBRASKA		19 -- TO 19 --		445-05-8603		MARRIED		DEMA R. GOODMAN	
11A. CITIZEN OF WHAT COUNTRY		15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		19C. CITY OR TOWN		19B. STATE	
USA		STATIONARY ENGINEER		11 YRS.		UNITED AIRLINES		AIR TRANSPORTATION		NEWMAN		CALIFORNIA	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. CITY OR TOWN		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?	
713 "R" STREET		STANISLAUS		JAMES GIBSON-SON		NEWMAN		a SHOTGUN WOUND TO HEAD				YES	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		25. WAS EMPOXY PERFORMED?		26. WAS AUTOPSY PERFORMED?	
RESIDENCE		STANISLAUS		713 "R" STREET		NEWMAN		(B) DUE TO, OR AS A CONSEQUENCE OF		No		YES	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		25. WAS EMPOXY PERFORMED?		26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. DATE SIGNED	
a SHOTGUN WOUND TO HEAD				YES		No		YES				28. DATE SIGNED	
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		28D. PHYSICIAN'S LICENSE NUMBER		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)								Suicide		Residence		No	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DATE OF INJURY—MONTH, DAY, YEAR		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. CORONER—SIGNATURE AND DEGREE OR TITLE		36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
713 R. ST. NEWMAN		July 22, 1988		SELF INFLECTED GUNSHOT WOUND TO HEAD		James Stewart Of Crown		7-26-1988		7-26-1988		ALLANS CREMATORY TURLOCK, CA.	
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-INVIGATION)		35B. EMBALMING'S LICENSE NUMBER AND SIGNATURE		35C. DATE SIGNED		36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMING'S LICENSE NUMBER AND SIGNATURE	
INVESTIGATION		NO EMBALMING		17-25-88		7-26-1988		7-26-1988		ALLANS CREMATORY TURLOCK, CA.		NO EMBALMING	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. NAME OF FUNERAL HOME		44. LICENSE NO.		45. DATE OF DEATH	
HILLVIEW FUNERAL CHAPL		507		Willard E. Forney, M.D.		JUL 25 1988							
STATE REGISTRAR		A.		B.		C.		D.		E.		F.	

I CERTIFY THIS INSTRUMENT TO BE A TRUE
CERTIFIED COPY OF THE RECORD IN THIS
OFFICE.

ATTEST: AUG 04 1988

AFTER RECORDING RETURN TO:
JAMES G. GIBSON
20 SAN JOAQUIN PLACE
NOVATO, CA 94947

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of James g. Gibson the 17th day
of September A.D., 19 92 at 9:45 o'clock A M., and duly recorded in Vol. M92
of Deeds on Page 21203

EVELYN BLEHN
By Bernetha Schetsch County Clerk

FEE \$10.00

Willard E. Forney, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
OF STANISLAUS COUNTY, CALIFORNIA