CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER 91-30-000830

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NU

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR	2B. HOUR
James	E.	SABOW	January 22, 1991	Est. 0900

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS
White	☐ YES ☒ NO	August 5,1939	51			

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. S
PA	USA	Dislas T. Sabow	Hun	Vera M Fullitor	PA

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN
19 62 TO 19 91 ☐ NONE	196-30-0156	Married	Sara Townsend

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COM
Aircraft Pilot	Jet Pilot	U.S Marine Corp	28	17

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP C
5163 F Street	Irvine	9270

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Orange	1	CA	Patient Affairs,Branch Clir MCAS El Toro Santa Ana, CA 92709

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Residence rear yard	--	Orange

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORO
5163 F Street	Irvine		☒ YES REFERRAL NUMBER 91-00474-SU ☐

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE	(A) Massive cerebral contusions and lacerations	▶ immed.	23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO
9 DUE TO	(B) Gunshot wound, head	▶ immed.	24A. WAS AUTOPSY PERFORMED? ☒ YES ☐ NO
DUE TO	(C)	▶	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☒ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 O IF YES, LIST TYPE OF OPERATION AND DATE.
None	No

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE S
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR / DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	28B. DATE SIG
	BRAD GATES ▶ SHERIFF-CORONER By [signature] Deputy Coroner	01-23-91

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOU
Suicide	Residence rear yard	☐ YES ☒ NO	01-22-91	Est. 0900

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY
5163 F Street, Irvine	Self-inflicted shotgun wound

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICE NUM
TR/BU	Black Oak Cemetery, Elgin,AZ	1-26-91	[signature]	E 790

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION
Ferrara Colonial Mortuary	F1164	▶ [signature] D.C Corona	JAN 25 19

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

S-11 (REV. 1-90) km/as

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

000149 ENCLOSURE (