

## CERTIFICATE OF DEATH

39019008223

STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FIVE NUMBER		1A. NAME OF DECEDENT - FIRST MIDDLE NAME		1B. SURNAME		1C. LAST PREFIX		1D. DATE OF DEATH - MO. DAY, YR. (SEE PAGE 2 FOR TIME)		1E. SEX	
		CHARLES		WEDDON		WESTOVER		February 8, 1990		2341 MALE	
1A. RACE		1B. SEX		1C. DATE OF BIRTH - MO. DAY, YR.		1D. AGE IN YEARS MONTHS DAYS		1E. US BORN		1F. US BORN	
CAU/AMERICAN		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DECEMBER 30, 1934		55		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
2A. STATE OF BIRTH		2B. COUNTRY OF BIRTH		3A. FULL NAME OF FATHER		3B. STATE OF BIRTH		3C. FULL MAIDEN NAME OF MOTHER		3D. STATE OF BIRTH	
MI		U.S.A.		BERT LEON WESTOVER		MI		LEONE MOSHER		MI	
4A. MILITARY SERVICE		4B. SOCIAL SECURITY NO.		4C. MARITAL STATUS		4D. NAME OF SURVIVING SPOUSE IF WIFE ENTER MARRIAGE					
19-53 TO 19-57 <input type="checkbox"/> NONE		365-34-3005		MARRIED		BONNIE TYSON					
5A. USUAL OCCUPATION		5B. USUAL KIND OF BUSINESS OR INDUSTRY		5C. USUAL EMPLOYER		5D. YEARS IN OCCUPATION		5E. EDUCATION - YEARS COMPLETED			
SINGER-SONGWRITER		MUSIC INDUSTRY		SELF-EMPLOYED		25		12			
6A. RESIDENCE - STREET AND NUMBER OR LOCATION		6B. CITY		6C. ZIP CODE							
15519 SADDLEBACK ROAD		CANYON COUNTRY		91351							
7A. PLACE OF DEATH		7B. STREET ADDRESS - STREET AND NUMBER OR LOCATION		7C. CITY		7D. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT					
Residence		15519 Saddleback Rd.		Canyon Country		BONNIE WESTOVER - WIFE 15519 SADDLEBACK ROAD CANYON COUNTRY, CA 91351					
8A. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		8B. THIS DEATH RESULTED IN CORONER'S RECORDING NUMBER AND DATE		8C. THIS DEATH RESULTED IN SPOUSE'S RECORDING NUMBER AND DATE		8D. THIS DEATH RESULTED IN DEPARTMENT OF HEALTH RECORDING NUMBER AND DATE					
SINGLES CAUSE (A) GUNSHOT WOUND OF HEAD		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO (B)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO (C)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
9A. DILIGENT SEARCH FOR CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN 8A		9B. WAS ORGAN DONOR FOR ANY CONDITION IN ITEM 7		9C. DATE OF DEATH							
NONE		NO		2-8-1990							
10A. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		10B. SIGNATURE AND DESIGN OR TITLE OF PHYSICIAN		10C. PHYSICIAN'S LICENSE NUMBER		10D. DATE SIGNED					
10A. DEATH CERTIFICATE ATTACHED (MO. DAY, YEAR)		10B. PHYSICIAN'S SIGNATURE AND ADDRESS		10C. PHYSICIAN'S LICENSE NUMBER		10D. DATE SIGNED					
		Deputy Coroner		2-12-1990							
11A. I CERTIFY THAT IN MY OFFICIAL CAPACITY I HAVE REVIEWED THE DEATH CERTIFICATE AND THE CAUSE STATED THEREON.		11B. SIGNATURE AND TITLE OF CORONER		11C. DATE SIGNED							
Suicide		Deputy Coroner		2-12-1990							
12A. MANNER OF DEATH - (SEE INSTRUCTIONS, BACK HEREIN) (ENTER ONLY ONE MANNER OF DEATH)		12B. PLACE OF DEATH		12C. DEATH BY SUICIDE		12D. DATE OF DEATH		12E. HOUR			
Suicide		Office		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		2-8-1990		Unk.			
13A. LOCATION STREET AND NUMBER OR LOCATION AND CITY		13B. DEPARTMENT OF HEALTH RECORDING NUMBER (SEE INSTRUCTIONS ON BACK)									
15519 Saddleback Rd., Canyon Country		Self Inflicted Shot									
14A. DISPOSITION		14B. PLACE OF FINAL REST		14C. DATE		14D. SIGNATURE OF BURIAL		14E. LICENSE NUMBER			
CR/RES.		RES: 15519 SADDLEBACK RD., CANYON COUNTRY, CA		2/28/90		NOT BURIED		N/A			
15A. NAME OF FUNERAL DIRECTOR AND LOCAL NUMBERS		15B. LICENSE NO.		15C. SIGNATURE		15D. REGISTRATION DATE					
NEPTUNE SOCIETY		F1289		Hester, Dale		FEB 28 1990					
16A. STATE		16B. COUNTY		16C. CITY		16D. ZIP CODE		16E. CENSUS TRACT			
A		B		C		D		E			