STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

JORDAN Z. MARKS
ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 7/24)

STATE FILE NUMBER: 3202437014293 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
GARY	DAVID	WHITE

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR: Months / Days	IF UNDER 24 HOURS: Hours / Minutes	6. SEX
05/03/1974	50			M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
UNK	UNK	☐ YES ☐ NO ☒ UNK	UNKNOWN	08/05/2024	1319

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
UNKNOWN	☐ YES ☒ NO	BLACK

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
UNKNOWN	UNKNOWN	UNK

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): UNK UNK

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
UNK	UNK	UNK	UNK	UNK

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
UNDER INVESTIGATIONS, ME OFFICE	5570 OVERLAND AVE., SAN DIEGO, CA 92123

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
UNKNOWN	UNKNOWN	UNKNOWN	
31. NAME OF PARENT–FIRST	**32. MIDDLE**	**33. LAST (BIRTH NAME)**	**34. BIRTH STATE**
UNKNOWN	UNKNOWN	UNKNOWN	UNK
35. NAME OF PARENT–FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
UNKNOWN	UNKNOWN	UNKNOWN	UNK

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
-	

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
PENDING CORONER INVESTIGATION	▸ NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
S.D. MEDICAL EXAMINER'S OFFICE	NONE	▸ ANKITA S. KADAKIA, M.D.	08/13/2024

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
USED CAR DEALERSHIP	☐ IP ☐ ER/OP ☐ DOA	☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☒ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
SAN DIEGO	4182 EL CAJON BLVD	SAN DIEGO

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, 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.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) PERFORATING GUNSHOT WOUND OF HEAD	(AT) RAPID	☒ YES ☐ NO
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B)	(BT)	109. BIOPSY PERFORMED? ☐ YES ☒ NO
	(C)	(CT)	110. AUTOPSY PERFORMED? ☒ YES ☐ NO
	(D)	(DT)	111. USED IN DETERMINING CAUSE? ☒ YES ☐ NO

CASE/REFERRAL NUMBER: 24-02344

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	113A. DECEDENT PREGNANT IN LAST YEAR?
NO	☐ YES ☒ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
Decedent Attended Since: (A) mm/dd/ccyy; Decedent Last Seen Alive: (B) mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH	120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
☐ Natural ☐ Accident ☐ Homicide ☒ Suicide ☐ Pending Investigation ☐ Could not be determined	☐ YES ☐ NO ☒ UNK	08/05/2024	1304

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.): OTHER: USED CAR DEALERSHIP

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury): SHOT SELF IN HEAD WITH 9 MM GHOST GUN

125. LOCATION OF INJURY (Street and number, or location, and city, and zip): 4182 EL CAJON BLVD, SAN DIEGO, CA 92105

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
▸ GREG PIZARRO	08/07/2024	GREG PIZARRO, DME

STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk

Oct 30, 2024

JORDAN Z. MARKS
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk

005851942

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE