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Vol. M78 Page 8526

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

3000 06205

- 1a. Name of deceased—first name: STANLEY
- 1b. Middle name: TAKASHI
- 1c. Last name: MARUBAYASHI
- 2a. Date of death: August 15, 1975
- 2b. Hour: 6:00 P
- 3. Sex: MALE
- 4. Color or race: JAPANESE
- 5. Birthplace: CALIFORNIA
- 6. Date of birth: DECEMBER 6, 1924
- 7. Age: 50 YEARS
- 8. Name and birthplace of father: SHUNTA MARUBAYASHI - JAPAN
- 9. Maiden name and birthplace of mother: TATSUYO YOSHIURA - JAPAN
- 10. Citizen of what country: U.S.A
- 11. Social security number: 558-24-5390
- 12. Married, never married, widowed, divorced: MARRIED
- 13. Name of surviving spouse: GLORIA MAE GOELLER
- 14. Last occupation: PHYSICIAN
- 15. Number of years in this occupation: 25
- 16. Name of last employing company or firm: SELF-EMPLOYED
- 17. Kind of industry or business: PEDIATRICS
- 18a. Place of death—name of hospital or other in-patient facility: DOA St. Joseph Hospital
- 18b. Street address: 1100 West Stewart Drive
- 18c. Inside city corporate limits: Yes
- 18d. City or town: Orange
- 18e. County: Orange
- 18f. Length of stay in county of death: 17 YEARS
- 18g. Length of stay in California: 40 YEARS
- 19a. Usual residence—street address: 360 VIOLET LANE
- 19b. Inside city corporate limits: YES
- 19c. City or town: ORANGE
- 19d. County: ORANGE
- 19e. State: CALIFORNIA
- 20. Name and mailing address of informant: MRS.GLORIA MAE MARUBAYASHI-WIFE, SAME 92669
- 21a. Coroner: Investigation
- 21b. Physician:
- 21c. Signature: BRAD GATES, SHERIFF-CORONER, By Thomas A. [illegible]
- 21d. Date signed: 9-18-75
- 21e. Address: 550 N. FLOWER STREET, SANTA ANA, CA. 92702
- 75-2979-Cr
- 22a. Specify burial, entombment or cremation: CREMATION
- 22b. Date: 8-20-75
- 23. Name of cemetery or crematory: WESTMINSTER MEMORIAL PARK
- 24. Signature of embalmer: Eugene [illegible] 4227
- 25. Name of funeral director: FUKUI MORTUARY, INC.
- 26. If not embalmed, was death reported to coroner:
- 27. Local registrar—signature: John R. Philp, M.D.
- 28. Date accepted for registration: 8-19-75

29. Part I. Death was caused by: (enter only one cause per line for A, B, and C)

- Immediate cause (A): Laceration of heart and aorta
- Due to, or as a consequence of (B): Crushing chest injury
- Due to, or as a consequence of (C):

30. Part II. Other significant conditions: Multiple internal injuries

- 31. Was operation or biopsy performed: No
- 32a. Autopsy: Yes
- 32b.: Yes
- 33. Specify accident, suicide or homicide: Accident
- 34. Place of injury: Street
- 35. Injury at work: No
- 36a. Date of injury: 8-15-75
- 36b. Hour: 5:32 P
- 37a. Place of injury: 2700 North Main Street, Santa Ana
- 37b. Distance from place of injury to usual residence: Est 6 MILES
- 38.: Yes
- 39.: Yes
- 40. Describe how injury occurred: Decedent operator of motorcycle in collision with an auto

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee $2.00 Date: AUG 28 1975 Government Purposes

John R. Philp, M.D.
JOHN R. PHILP, M.D.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 28th day of April A.D., 19 78 at 3:40 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 8526.

FEE $3.00

WM. D. MILNE, County Clerk
By [signature] Deputy

360 Violet Lane, Orange, Calif 92669