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62231

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

1008 2664

STATE FILE NUMBER 62231		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1008 2664	
1A. NAME OF DECEDENT—FIRST Minoru		1B. MIDDLE (N.M.N.)	
1C. LAST Hata		2A. DATE OF DEATH (MONTH, DAY, YEAR) Aug. 28, 1978	
3. SEX Male		4. RACE Japanese	
5. ETHNICITY Japanese		6. DATE OF BIRTH April 18, 1920	
7. AGE 58		8. IF UNDER 1 YEAR MONTHS DAYS	
9. IF UNDER 24 HOURS HOURS MINUTES		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Sono Ishizuka-Japan	
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 571-10-7174	
13. MARITAL STATUS married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Nancy R. Ikeda	
15. PRIMARY OCCUPATION Public Accountant		16. NUMBER OF YEARS THIS OCCUPATION 32	
17. EMPLOYEE (IF SELF-EMPLOYED, SO STATE) self employed		18. KIND OF INDUSTRY OR BUSINESS Accounting	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1543 W. Cornell		19B. CITY OR TOWN Fresno	
19C. COUNTY Fresno		19D. STATE CA	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Nancy Hata wife 1543 W. Cornell Fresno, California			
21A. PLACE OF DEATH Community Hospital		21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) Fresno 6 R Streets	
21C. CITY OR TOWN Fresno		21D. STATE Fresno	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST (A) Ventricular fibrillation (B) Severe coronary atherosclerosis (C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
24. WAS DEATH REPORTED TO CORONER? yes		25. WAS BIOPSY PERFORMED? no	
26. WAS AUTOPSY PERFORMED? no		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? no	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. (I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE) (ENTER MO., DA., YR.) 3/24/75 7:38 PM		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Eugene Lowe, M.D., 1133 "R" St., Fresno, Ca.	
28C. DATE SIGNED 9/28/78		28D. PHYSICIAN'S LICENSE NUMBER A 17744	
29. SPECIFIC ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32B. HOUR		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		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- INVESTIGATION)	
35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR 8-31-78	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Belmont Memorial Park		39. GENERAL'S LICENSE NUMBER AND SIGNATURE Charles W. Moore, M.D. 5566	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LTSLE FUNERAL HOME		41. SIGNATURE Charles W. Moore, M.D. 5566	
42. DATE ACCEPTED BY LOCAL REGISTRAR 8-29-78			
STATE REGISTRAR			

Ret. V.P.R. HIRAKA

3003 Na Blackstone

Suite 1-M

Fresno CA 93703

CERTIFICATION NUMBER 79-48304-2

STATE OF CALIFORNIA - COUNTY OF FRESNO

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF

THIS DOCUMENT FILED AND/OR RECORDED IN THIS OFFICE

ISSUED BY AUTHORITY OF SECTION 10575 OF CALIFORNIA HEALTH AND

SAFETY CODE

NOT A CERTIFIED (LEGAL) COPY WITHOUT A RAISED SEAL

AND THE DEPUTY'S INITIALS IN RED INK

DATED 10/27/78 Charles W. Moore M.D. BY

LOCAL REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 8th day of

FEBRUARY A.D., 1979 at 9:00 o'clock AM., and duly recorded in Vol. M 79

of DEEDS on Page 3081

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Hazel Dragit Deputy