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CERTIFICATE OF DEATH

STATE OF HAWAII
DEPARTMENT OF HEALTH
RESEARCH & STATISTICS OFFICESTATE
FILE NO. 151

1. DECEASED - FIRST NAME AUGUSTINE		MIDDLE NAME BATALIO		LAST NAME BALDERAVA		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) January 10, 1981	
4. RACE Philipino		5. PERIOD OF SPANISH ORIGIN? YES ☐ NO ☒		6. AGE - LAST BIRTHDAY (MONTH, DAY, YEAR) 68		7. COUNTY OF DEATH Honolulu		
7a. 1. ISLAND OF DEATH Oahu		7b. CITY, TOWN OR LOCATION OF DEATH Honolulu		7c. HOSPITAL OR OTHER INSTITUTION Queen's Medical Center		7d. IF HOSP. OR INST. (SPECIFY)		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) P.I.		9. MARRIED, NEVER MARRIED, (WIDOWED, DIVORCED SPECIFY) Married		10. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Bernice Pooha		11. WAS DECEASED EVER IN U.S. ARMED FORCES? YES OR NO NO		
12. SOCIAL SECURITY NUMBER 576-03-4916		13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Tunnel man - retired		14. KIND OF BUSINESS OR INDUSTRY Sugar plantation		15. DATE OF DEATH (MONTH, DAY, YEAR) 01		
16. FATHER - FIRST NAME Isadore		16b. COUNTY Honolulu		16c. CITY, TOWN, OR LOCATION Eva Beach		16d. NUMBER AND STREET 92-793 Paakai Street		
17. MOTHER - FIRST NAME Isadore		17b. COUNTY Honolulu		17c. CITY, TOWN, OR LOCATION Eva Beach		17d. NUMBER AND STREET 92-793 Paakai Street		
18. INFORMANT - NAME Mrs. Bernice Pooha Bolderama		18b. MAILING ADDRESS STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP 92-793 Paakai Street, Eva Beach, Hawaii 96706		18c. LOCATION Kaneohe, Oahu		18d. STATE Hawaii		
19. BURIAL CREATION, REMOVAL Burial		19b. PERMIT NUMBER #170		19c. FUNERAL HOME - NAME Hawaiian Memorial Park Cemetery		19d. FUNERAL DIRECTOR - SIGNATURE Kennerly J. Dupree		
20. DATE (MONTH, DAY, YEAR) January 17, 1981		21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. Heart failure		22. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. Heart failure		23. DATE SIGNED (MO., DAY, YR.) January 12, 1981		
24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Warren L.H. Wong, MD		24b. DATE SIGNED (MO., DAY, YR.) January 12, 1981		24c. HOUR OF DEATH 10:53 A.M.		24d. PRONOUNCED DEAD (MO., DAY, YR.) January 12, 1981		
25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) Warren L.H. Wong, MD 1380 Lunitan St. #1009		25b. DATE RECEIVED BY LOCAL REGISTRAR JAN 14 1981		25c. DATE FILED BY STATE REGISTRAR JAN 14 1981		25d. IF YES, FUNDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (Y/N) Y		
26. IMMEDIATE CAUSE Cardiac Arrest		26b. DUE TO, OR AS A CONSEQUENCE OF: Arrest after a long and severe myocardial infarction		26c. DUE TO, OR AS A CONSEQUENCE OF: Arrest after a long and severe myocardial infarction		26d. AUTOPSY YES OR NO Y		
27. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) Residence of wife		27b. DATE OF INJURY (MONTH, DAY, YEAR) January 10, 1981		27c. HOUR 10:53		27d. DESCRIBE HOW INJURY OCCURRED Heart failure due to myocardial infarction		
28. ACCIDENT, BURN, DROWNING, OR UNDETERMINED (SPECIFY) Unexplained		28b. DATE OF INJURY (MONTH, DAY, YEAR) January 10, 1981		28c. HOUR 10:53		28d. DESCRIBE HOW INJURY OCCURRED Heart failure due to myocardial infarction		
29. INJURY AT WORK (SPECIFY) Unexplained		29b. DATE OF INJURY (MONTH, DAY, YEAR) January 10, 1981		29c. HOUR 10:53		29d. DESCRIBE HOW INJURY OCCURRED Heart failure due to myocardial infarction		
30. LOCATION (STREET OR P.O. NO., CITY OR TOWN, STATE) Honolulu, Hawaii		30b. DATE OF INJURY (MONTH, DAY, YEAR) January 10, 1981		30c. HOUR 10:53		30d. DESCRIBE HOW INJURY OCCURRED Heart failure due to myocardial infarction		

THIS CERTIFIES THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE RESEARCH AND STATISTICS OFFICE HAWAII: STATE DEPARTMENT OF HEALTH

George H. Tokuyama
Director of Health

George H. Tokuyama
State Registrar

January 16 1981

STATE OF OREGON: COUNTY OF KLAMATH ;ss

I hereby certify that the within instrument was received and filed for record on the 9 day of Sept A.D., 19 82 at 10:53 o'clock A M and duly recorded in Vol M82, of Deeds on page 11291.

FEE \$ 4.00

EVERLYN BIEHN COUNTY CLERK
by Joyce McQuinn Deputy

Return to:
Bernice K Balderama
92-793 Paakai St
Eva, Hawaii
96706