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STATE OF HAWAII
DEPARTMENT OF HEALTH
RESEARCH & STATISTICS OFFICE

CERTIFICATE OF DEATH

1. DECEASED - FIRST NAME JOHN		MIDDLE NAME ARNOLD		LAST NAME KURT		2. SEX Male		STATE FILE NO. 151	
4a. RACE Caucasian		4b. IS PERSON OF SPANISH ORIGIN? YES ☐ NO ☒		5a. AGE - LAST BIRTHDAY (YEARS) 35		5b. UNDER 1 YR NO		5c. UNDER 1 DAY NO	
7a. ISLAND OF DEATH Oahu		7b. CITY, TOWN OR LOCATION OF DEATH Kailua		7c. HOSPITAL OR OTHER INSTITUTION Castle Memorial Hospital		7d. IF HOSP OR INST INDICATE DOA, OPERATOR, RM, INPATIENT (SPECIFY) Emergency Room		7e. COUNTY OF DEATH Honolulu	
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) California		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED (SPECIFY) Married		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) June Mc Laren		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) Yes	
13. SOCIAL SECURITY NUMBER 562-20-1827		14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Telephone Company		15a. RESIDENCE - STATE Hawaii		15b. COUNTY Honolulu	
16. FATHER - FIRST NAME Arnold		MIDDLE NAME Kahuku		LAST NAME Kurt		17. MOTHER - FIRST NAME Ila		MIDDLE NAME Martin	
18a. INFORMANT - NAME June A. Kurt		18b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 180 West Kuilima Loop, Kahuku, Hawaii 96731		19a. JOURNAL, CREMATION, RE-INTERMENT (SPECIFY) Burial		19b. CEMETERY OR CREMATORIUM - NAME National Memorial Cemetery of the Pacific		19c. LOCATION Honolulu Hawaii	
19d. DATE (MONTH, DAY, YEAR) June 23, 1982		19e. PERMIT NUMBER #265		20a. FUNERAL HOME - NAME Mililani Downtown Mortuary		20b. FUNERAL DIRECTOR - SIGNATURE <i>Richard Y.K. Wong</i>		20c. DATE SIGNED (MO., DAY, YR.) June 18, 1982	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21b through #21g where applicable) (Signature and Title) Richard Y.K. Wong, M.D., 1365 Nuuanu Avenue, Honolulu, Hawaii 96813		21b. DATE SIGNED (MO., DAY, YR.) June 18, 1982		21c. HOUR OF DEATH 0630		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Richard Y.K. Wong, M.D., 1365 Nuuanu Avenue, Honolulu, Hawaii 96813		21e. DATE RECEIVED BY LOCAL REGISTRAR JUN 22 1982	
21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Richard Y.K. Wong, M.D., 1365 Nuuanu Avenue, Honolulu, Hawaii 96813		21g. DATE RECEIVED BY LOCAL REGISTRAR JUN 22 1982		21h. DATE FILED BY STATE REGISTRAR JUN 22 1982		21i. AUTOPSY (YES OR NO) Yes		21j. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? Yes	
22. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) Richard Y.K. Wong, M.D., 1365 Nuuanu Avenue, Honolulu, Hawaii 96813		23. REGISTRAR - SIGNATURE <i>C. Harada</i>		24. DATE RECEIVED BY LOCAL REGISTRAR JUN 22 1982		24. DATE FILED BY STATE REGISTRAR JUN 22 1982		25. CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	
25. CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		26. IMMEDIATE CAUSE Multiple Severe Injuries		26. IMMEDIATE CAUSE Trauma		26. IMMEDIATE CAUSE Trauma		26. IMMEDIATE CAUSE Trauma	
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