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CERTIFICATE OF DEATH

STATE OF HAWAII
DEPARTMENT OF HEALTH
RESEARCH & STATISTICS OFFICE

STATE FILE NO. 151 4410

1. DECEASED — FIRST NAME: Calvin	MIDDLE NAME: John	LAST NAME: Young	2. SEX: Male	3. DATE OF DEATH (MONTH, DAY, YEAR): September 25, 1984	7a. COUNTY OF DEATH: Maui
4a. RACE: Caucasian	4b. IS PERSON OF SPANISH ORIGIN? NO	5a. AGE — LAST BIRTHDAY (YEARS): 58	5b. UNDER 1 YR. MOS. DAYS HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR): April 9, 1926	
7b. ISLAND OF DEATH: Maui	7b. CITY, TOWN OR LOCATION OF DEATH: Lahaina	7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 327 Front Street			7d. IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM., INPATIENT (SPECIFY)
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Michigan	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Arlene Bears		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes
13. SOCIAL SECURITY NUMBER: 391-28-7662	14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Agronomist		14b. KIND OF BUSINESS OR INDUSTRY: Sugar Plantation		
15a. RESIDENCE — STATE: Hawaii	15b. COUNTY: Maui	15c. CITY, TOWN, OR LOCATION: Lahaina	15d. INSIDE CITY LIMITS (SPECIFY YES OR NO): No	15e. NUMBER AND STREET: 327 Front Street	
16. FATHER — FIRST NAME: William	MIDDLE NAME: George	LAST NAME: Young	17. MOTHER — FIRST NAME: Hazel	MIDDLE NAME: —	MAIDEN NAME: Mardlin
18a. INFORMANT — NAME: Arlene Young	18b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 327 Front Street, Lahaina, Hawaii 96761				
19a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal	19b. CEMETERY OR CREMATORY — NAME: Hosoi Garden Mortuary		19c. LOCATION — CITY OR TOWN: Honolulu	STATE: Hawaii	
19d. DATE SIGNED (MO., DAY, YR.): September 28, 1984	19e. PERMIT NUMBER: 324-84	20a. FUNERAL HOME — NAME: Nakamura Mortuary, Inc.	20b. FUNERAL DIRECTOR — SIGNATURE: Michael D. Nakamura		

To be Completed by CERTIFYING PHYSICIAN Only

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 #22a through #22g where applicable) (Signature and Title):

21b. DATE SIGNED (MO., DAY, YR.): SEPTEMBER 25 1984

21c. HOUR OF DEATH: 9:[illegible] AM

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

To be Completed by MEDICAL EXAMINER or CORONER'S PHYSICIAN Only

22a. 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) and circumstances stated and described below (items #22b through #27g where applicable) (Signature and Title):

22b. DATE SIGNED (MO., DAY, YR.):

22c. HOUR OF DEATH:

22d. PRONOUNCED DEAD (MO., DAY, YR.):

22e. PRONOUNCED DEAD (HOUR):

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT): Steven Strong M.D., 910 Wainee Street, Lahaina, Hawaii 96761

24a. REGISTRAR — SIGNATURE: Geraldine D. Desarte, Dep.

24b. DATE RECEIVED BY LOCAL REGISTRAR: SEP 27 1984

24c. DATE FILED BY STATE REGISTRAR: OCT - 2 1984

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(a) IMMEDIATE CAUSE: RESPIRATORY INSUFFICIENCY — 2 DAYS

(b) DUE TO, OR AS A CONSEQUENCE OF: LUNG CANCER — 2 YEARS

(c) DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)

26a. AUTOPSY (YES OR NO): No

26b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? NO

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	27b. DATE OF INJURY (MONTH, DAY, YEAR)	27c. HOUR	27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (SPECIFY YES OR NO)	27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.		
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			

OCT 25 1984

I CERTIFY THIS IS A TRUE COPY OF THE RECORD ON FILE IN THE HAWAII STATE DEPARTMENT OF HEALTH

STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 30th day of January A.D., 19 85 at 1:11 o'clock P M, and duly recorded in Vol M85 of Deeds on page 1632.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: $ 5.00

LAW OFFICES
FURRER & SCOTT
P.O. BOX 23114
9185 S.W. BURNHAM STREET
TIGARD, OREGON 97223