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Vol. M89 Page 7879

MTC-21282-D

STATE OF HAWAII
DEPARTMENT OF HEALTH
RESEARCH & STATISTICS OFFICE

CERTIFICATE OF DEATH

STATE FILE NO. 151 3560

1. DECEASED — FIRST NAME: Otto | MIDDLE NAME: | LAST NAME: Jacobsen | 2. SEX: Male | 3. DATE OF DEATH (MONTH, DAY, YEAR): July 21, 1986

4a. RACE: Caucasian | 4b. IS PERSON OF SPANISH ORIGIN? NO | 5a. AGE — LAST BIRTHDAY (YEARS): 65 | 5b. UNDER 1 YR. MOS. DAYS | 5c. UNDER 1 DAY HOURS MIN. | 6. DATE OF BIRTH (MONTH, DAY, YEAR): April 2, 1921 | 7a. COUNTY OF DEATH: Maui

7b-1. ISLAND OF DEATH: Maui | 7b. CITY, TOWN OR LOCATION OF DEATH: Wailuku | 7c. HOSPITAL OR OTHER INSTITUTION (NAME OF NOT IN EITHER, GIVE STREET AND NUMBER): Maui Memorial Hospital | 7d. IF HOSP. OR INST. INDICATE DOA/OPD/ER/L&D/NSY (SPECIFY): Inpatient

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Denmark | 9. CITIZEN OF WHAT COUNTRY: U.S.A. | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Paddy Bootsma | 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No

13. SOCIAL SECURITY NUMBER: 556-54-3460 | 14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Realtor | 14b. KIND OF BUSINESS OR INDUSTRY: Real Estate

15a. RESIDENCE — STATE: Hawaii | 15b. COUNTY: Maui | 15c. CITY, TOWN, OR LOCATION: Kihei | 15d. INSIDE CITY LIMITS (SPECIFY YES OR NO): No | 15e. NUMBER AND STREET: 627 Luana Place

16. FATHER — FIRST NAME: Johannes | MIDDLE NAME: - | LAST NAME: Jacobsen | 17. MOTHER — FIRST NAME: Edith | MIDDLE NAME: - | MAIDEN NAME: Nielsen

18a. INFORMANT — NAME: Paddy B. Jacobsen | 18b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): ~~726~~ 627 Luana Place Kihei, Maui, Hawaii 96753

19a. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation | 19b. CEMETERY OR CREMATORY — NAME: Borthwick Mortuary/Bulgo's Crematory | 19c. LOCATION — CITY OR TOWN: Wailuku, | STATE: Maui, Hawaii

19d. DATE (MONTH, DAY, YEAR): July 22, 1986 | 19e. PERMIT NUMBER: 101-86 | 20a. FUNERAL HOME — NAME: Borthwick Mortuary/Norman's | 20b. FUNERAL DIRECTOR — SIGNATURE:

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 #21b through #27g where applicable)
(Signature and Title) Michael Naai MD

21b. DATE SIGNED (MO., DAY, YR.): 7/21/86 | 21c. HOUR OF DEATH: 10:25 P.M.

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): Michael Savona, M.D.

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT): Michael Naai, M.D. 2180 Main Street Wailuku, Maui, Hawaii 96793

To be Completed by MEDICAL EXAMINER'S / CORONER'S Office 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.) ON | 22e. PRONOUNCED DEAD (HOUR) AT

24a. REGISTRAR — SIGNATURE: [signature] DEPUTY | 24b. DATE RECEIVED BY LOCAL REGISTRAR: JUL 22 1986 | 24c. DATE FILED BY STATE REGISTRAR: JUL 25 1986

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	cardiopulmonary arrest	
DUE TO, OR AS A CONSEQUENCE OF: (b)	metastatic colon cancer	
DUE TO, OR AS A CONSEQUENCE OF: (c)	dehydration	

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

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

26a. AUTOPSY (YES OR NO)

26b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?

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. (SPECIFY)

27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

'89 MAY 2 P1:4 30

RETURN: MTC

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 8th day of May A.D., 19 89 at 4:30 o'clock P.M., and duly recorded in Vol. M89, of Deeds on Page 7879.

FEE $8.00

Evelyn Biehn - County Clerk
By Darlene Mulendore