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STATE OF HAWAII
DEPARTMENT OF HEALTH
RESEARCH & STATISTICS OFFICE

CERTIFICATE OF DEATH

ASPER 35447

STATE FILE NO.: 151 3649

1. DECEASED — FIRST NAME: JOHN	MIDDLE NAME: FRANK	LAST NAME: MOON	2. SEX: Male	3. DATE OF DEATH (MONTH, DAY, YEAR): AUGUST 28, 1984			
4a. RACE: Caucasian 01	4b. IS PERSON OF SPANISH ORIGIN? (YES / NO): NO 05	5a. AGE — LAST BIRTHDAY (YEARS): 60	5b. UNDER 1 YR — MONTHS	5c. UNDER 1 DAY — HOURS / MINS.	6. DATE OF BIRTH (MONTH, DAY, YEAR): Mar. 28, 1924	7a. COUNTY OF DEATH: Honolulu	
7b. ISLAND OF DEATH: Oahu	7c. CITY, TOWN OR LOCATION OF DEATH: Honolulu	7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Queen's Medical Center				7e. IF HOSP. OR INST. — SPECIFY (OUTPATIENT, ER, DOA, INPATIENT): Emer. Room	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): California 05	9. CITIZEN OF WHAT COUNTRY: U.S.A. 57	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Janet Matsubara Shim			12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes	
13. SOCIAL SECURITY NUMBER: 546-22-9188	14a. U.S. OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Auditor - Retired 91	14b. KIND OF BUSINESS OR INDUSTRY: Architectural & Engineering Services 12					
15a. RESIDENCE — STATE: Hawaii 11	15b. COUNTY: Honolulu	15c. CITY, TOWN, OR LOCATION: Honolulu 03	15d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	15e. NUMBER AND STREET: 3524 Edna Street			
16. FATHER — FIRST NAME: Lewis	MIDDLE NAME: N.	LAST NAME: Moon	17. MOTHER — FIRST NAME: Gladys	MIDDLE NAME:	MAIDEN NAME: Spicer		
18a. INFORMANT — NAME: Janet Moon	18b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 3524 Edna St., Honolulu, Hawaii 96815						
19a. BURIAL, CREMATION, REMOVAL, OTHER: Burial	19b. CEMETERY OR CREMATORY — NAME: National Memorial Cemetery of the Pacific		19c. LOCATION — CITY OR TOWN, STATE: Honolulu, Hawaii				
19d. DATE (MONTH, DAY, YEAR): Sept. 4, 1984	19e. PERMIT NUMBER: 15	20a. FUNERAL HOME — NAME: HOSOI GARDEN MORTUARY	20b. FUNERAL DIRECTOR — SIGNATURE: [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 #21d where applicable). (Signature and Title): Gary L Cooper Cpt MC

21b. DATE SIGNED (MO., DAY, YR.): 31 August 1984

21c. HOUR OF DEATH: 12:05 A.M.

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

To be Completed by Medical Examiner or Coroner 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 #27c where applicable). (Signature and Title):

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

22c. HOUR OF DEATH:

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

OR

22e. PRONOUNCED DEAD (HOUR): AT

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT): GARY L. COOPER, CPT, MC, TRIPLER ARMY MEDICAL CENTER, TRIPLER AMC, HI 96859-5000

24a. REGISTRAR — SIGNATURE: S. Lyu

24b. DATE RECEIVED BY LOCAL REGISTRAR: SEP - 4 1984

24c. DATE FILED BY STATE REGISTRAR: SEP - 4 1984

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) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE WITH PROBABLE ACUTE MYOCARDIAL INFARCTION
DUE TO, OR AS A CONSEQUENCE OF:
(b) POSSIBLE INTRAABDOMINAL ABSCESS
DUE TO, OR AS A CONSEQUENCE OF:
(c) HISTOLOGIC EVIDENCE OF OLD MYOCARDIAL INFARCTION

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).

25a. AUTOPSY (YES OR NO): YES

25b. 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)			

16250

AUG -3 1990

I CERTIFY THIS IS A TRUE COPY
OF THE RECORD ON FILE IN THE
HAWAII STATE DEPARTMENT OF HEALTH
Alvin T. Onaka, Ph.D.
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 14th day of Aug. A.D., 19 90 at 11:04 o'clock A M., and duly recorded in Vol. M90, of Deeds on Page 16249.

FEE $13.00

Evelyn Biehn County Clerk
By Pauline Mullendore

Return: ATC