28548

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

Vol. M91 Page 7533

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR	2B. SEX
Tomoichi	Tom	Hayakawa	April 2, 1991	0005 male

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Japanese	☐ YES ☒ NO	August 5, 1916	74		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
Japan	U.S.A.	Seijuro Hayakawa	Japan	Chika Kawashima	Japan

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	568-14-9762	married	Yuki Maruki

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Owner	Import & Export	Self-Employed	36	16

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
32514 Seahill Dr.	Rancho Palos Verdes	90274

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	62	California	Yuki Hayakawa - Wife 32514 Seahill Dr. Rancho Palos Verdes, CA 90274

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Residence	—	Los Angeles

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
2118 Eric Dr.	Los Angeles

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	RESPIRATORY ARREST	MINUTES
DUE TO (B)	METASTATIC PROSTATE CANCER	3 YRS.
DUE TO (C)		

22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER ☐ YES ☒ NO

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: NONE

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: PROSTATECTOMY June 1988

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
1-23-91	4-1-91	Glenn A. Gorlitsky MD	G-34311	4-4-91

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Glenn A. Gorlitsky, M.D. 2001 Santa Monica Blvd., #680, Santa Monica, CA

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER — 28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
CR-BU	Inglewood Park Cemetery 720 E. Florence Ave., Inglewood, CA	4-10-1991	[signature]	4518

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Fukui Mortuary Inc.	FD-808	Robert C. Platt	APR 05 1991

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

VS-11 (REV. 1-90) 185

06-9-1-7005

91 APR 21 PM 2 47

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

APR 8 1991

39

Director of Health Services and Registrar

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Mark Kiguchi, Esq.

on this 24th day of April A.D., 19 91
at 12:47 o'clock P M. and duly recorded
in Vol. M91 of Deeds Page 7533.

EVELYN BIEHN County Clerk
By Bernetha A. Petsch Deputy.

Fee, $8.00

Return to:
Mark Kiguchi, Esq.
Musick, Peeler & Garrett
624 South Grand Ave., 20th Floor
Los Angeles, CA 90017