23844

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY

STATE FILE NUMBER: K-48782

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 2650 3-93-26-000006

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO, DAY, YR	2B. HOUR	3. SEX
HOWARD	CHUJI	ATSUMI	FEBRUARY 14, 1993	0202	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	MARCH 31, 1936	56				

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
CA	USA	WALTER T. ATSUMI	JAPAN	RENI YOSHINO	WA

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	565-46-6097	MARRIED	ARBUTUS KAORU TASHIRO

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
PHARMACIST	PHARMACY	SELF-EMPLOYED	33	20

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
2049 WEST 234 STREET	TORRANCE	90501

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	45	CALIFORNIA	ARBUTUS KAORU ATSUMI - WIFE 2049 WEST 234 STREET TORRANCE, CALIFORNIA 90501

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONLY: IP, ER/OP, DOA	19C. COUNTY
CENTINELA-MAMMOTH HOSPITAL	ER	MONO

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
85 SIERRA PARK ROAD	MAMMOTH LAKES

CAUSE OF DEATH

TIME INTERVAL BETWEEN ONSET AND DEATH

22. WAS DEATH REPORTED TO CORONER? ☒ YES REFERRAL NUMBER 93-04 MONO ☐ NO

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

IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION — Minutes

DUE TO (B)

DUE TO (C)

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

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

Aug 27 10:43 96

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.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER | 27C. CERTIFIER'S LICENSE NUMBER | 27D. DATE SIGNED

27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR | DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS

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: S.J. Maris — S.J. MARIS CHIEF DEPUTY CORONER | 28B. DATE SIGNED: 02/16/93

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	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
NATURAL		☐ YES ☐ NO		

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
BURIAL	GREEN HILLS MEMORIAL PARK RANCHO PALOS VERDES, CA	02/20/93		6576

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	RENN NOLAN by Vera M. Mills	FEB 19 1993

STATE REGISTRAR

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

VS-11 (REV. 3-91) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

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This is to certify that this is a true and correct copy of the vital record which is on file in this office and of which I am the legal custodian.

RENN NOLAN Local Registrar
District #2650

Date FEB 19 1993 Bridgeport, Calif.

by Vera M. Mills deputy registrar.

State of California, County of Mono

Return
Klamath County Title

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 27th day of August A.D., 19 96 at 10:43 o'clock AM., and duly recorded in Vol. M96, of Deeds on Page 26422.

Bernetha G Letsch, County Clerk

By

FEE $10.00