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SEP 20 1965

FEE \$2.00

Ray E. Lee, COUNTY RECORDER, LOS ANGELES COUNTY, CALIFORNIA

STATE FILE NUMBER

CERTIFICATE OF DEATH

LOCAL REGISTRATION DISTRICT AND 7032 23549

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

| | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------------|-----------------|--|--|--|--|--|---|---|----------------------------|---|--|--|--|---|--|--|--|
| 1a. NAME OF DECEASED—FIRST NAME Tomosuke | | | 1b. MIDDLE NAME | | | 1c. LAST NAME MASUKAWA | | | 2a. DATE OF DEATH—MONTH DAY YEAR November 25, 1964 | | 2b. HOUR 8:30 p. | | | | | | | | |
| 3. SEX Male | | 4. COLOR OR RACE Japanese | | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Japan | | 6. DATE OF BIRTH March 15, 1880 | | 7. AGE (LAST BIRTHDAY) 84 YEARS | | 8. IF UNDER 1 YEAR MONTHS DAYS HOURS | | 9. IF UNDER 24 HOURS HOURS MINUTES SECONDS | | | | | | | |
| 8. NAME AND BIRTHPLACE OF FATHER (Unk.) Masukawa - Japan | | | | 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER (Unknown) - Japan | | | | 10. CITIZEN OF WHAT COUNTRY U. S. A. | | 11. SOCIAL SECURITY NUMBER [REDACTED] | | | | | | | | | |
| 12. LAST OCCUPATION Farmer | | | | 13. NUMBER OF YEARS IN THIS OCCUPATION 23yrs | | 14. NAME OF LAST EMPLOYING COMPANY OR FIRM Self -employed | | 15. KIND OF INDUSTRY OR BUSINESS Truck Farm | | | | | | | | | | | |
| 16. IF DECEASED WAS EVER IN U. S. ARMED FORCES GIVE WAR OR DATES OF SERVICE No | | | | 17. SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED Married | | 18a. NAME OF PRESENT SPOUSE Koyuta Masukawa | | | 18b. PRESENT OR LAST OCCUPATION OF SPOUSE Housewife | | | | | | | | | | |
| 19a. PLACE OF DEATH—NAME OF HOSPITAL Gardena Hospital | | | | | | 19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS!) 145 Redondo Beach Blvd | | | | | | 19c. CITY OR TOWN Gardena | | 19d. COUNTY Los Angeles | | 19e. LENGTH OF STAY IN COUNTY OF DEATH 62 YEARS | | 19f. LENGTH OF STAY IN CALIFORNIA 62 YEARS | |
| 20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS!) [REDACTED] | | | | 20b. CITY OR TOWN Los Angeles | | 20c. COUNTY Los Angeles | | 20d. STATE California | | 21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE) [REDACTED] | | | | 21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED) [REDACTED] | | | | | |
| 22a. PHYSICIAN—HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM [REDACTED] AND THAT I LAST SAW THE DECEASED ALIVE ON [REDACTED] | | | | | | 22c. PHYSICIAN OR CORONER—SIGNATURE <i>[Signature]</i> | | | | | | 22e. DEGREE OR TITLE D. | | | | | | | |
| 22b. CORONER—HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION ALTHOUGH UNNECESSARY ON THE REMAINS OF DECEASED AS REQUIRED BY LAW | | | | | | 22d. ADDRESS 142 GARDENA BLVD, Gardena | | 22f. DATE SIGNED Nov. 27, 1964 | | | | | | | | | | | |
| 23. SPECIFY BURIAL ENTOMBMENT OR CREMATION CREMATION | | 24. DATE Dec 2, 1964 | | 25. NAME OF CEMETERY OR CREMATORY Pacific Crest Cemetery | | | | 26. FUNERAL HOME—SIGNATURE (IF NOT FUNERAL HOME) LICENSE NUMBER <i>[Signature]</i> 4518 | | | | | | | | | | | |
| 27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) FLUKU MITSUARY | | | | 28. DATE ACCEPTED FOR REGISTRATION NOV 30 1964 | | 29. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i> | | | | | | | | | | | | | |
| 30. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) | | | | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | | | |
| PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A): Acute myocardial infarction | | | | | | | | | | | | [REDACTED] | | | | | | | |
| CONDITIONS IF ANY WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST | | | | | | | | | | | | [REDACTED] | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Chronic coronary artery disease | | | | | | | | | | | | [REDACTED] | | | | | | | |
| 31. OPERATION—CHECK ONE <input checked="" type="checkbox"/> OPERATION PERFORMED <input type="checkbox"/> FINDING USED IN DEATH CERTIFICATE STATED CAUSE OF DEATH | | | | 32. DATE OF OPERATION NOV 30 1964 | | | | 33. AUTOPSY—CHECK ONE <input checked="" type="checkbox"/> AUTOPSY PERFORMED <input type="checkbox"/> AUTOPSY NOT PERFORMED | | | | 34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | | | | | | | |
| 34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | | | | 34b. DESCRIBE HOW INJURY OCCURRED (GIVE NATURE OF INJURY. NATURE OF INJURY SHOULD BE SET FORTH IN PART I OR II OF THIS FORM) | | | | | | | | | | | | | | | |
| 35a. TIME OF INJURY 9:00 | | | | 35b. PLACE OF INJURY (GIVE IN OR ABOUT HOME, FACTORY, STREET, OFFICE, ETC.) | | | | 35c. CITY, TOWN OR LOCATION Gardena | | | | 35d. COUNTY Los Angeles | | | | 35e. STATE California | | | |

100 DEC 24 1964 RAY E. LEE, COUNTY RECORDER