STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052011139318
STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11a(REV 3/06)

3201119031565
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given): HIDEKI
2. MIDDLE: -
3. LAST (Family): IRABU

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST):

4. DATE OF BIRTH mm/dd/ccyy: 05/05/1969
5. AGE Yrs.: 42
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M

9. BIRTH STATE/FOREIGN COUNTRY: JAPAN
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS/SRDP* (at Time of Death): MARRIED
7. DATE OF DEATH mm/dd/ccyy: 07/27/2011
8. HOUR (24 Hours): 1630

13. EDUCATION – Highest Level/Degree (see worksheet on back): HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO
16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back): JAPANESE

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED: PITCHER
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): MAJOR LEAGUE BASEBALL
19. YEARS IN OCCUPATION: 16

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): [redacted]
21. CITY: [redacted]
22. COUNTY/PROVINCE: LOS ANGELES
23. ZIP CODE: 90275
24. YEARS IN COUNTY: 11
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: KYONSU IRABU, WIFE
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): [redacted]

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST: KYONSU
29. MIDDLE: -
30. LAST (BIRTH NAME): KANEMITSU

31. NAME OF FATHER/PARENT–FIRST: UNK
32. MIDDLE: -
33. LAST: UNK
34. BIRTH STATE: JAPAN

35. NAME OF MOTHER/PARENT–FIRST: KAZUE
36. MIDDLE: -
37. LAST (BIRTH NAME): IRABU
38. BIRTH STATE: JAPAN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 08/03/2011
40. PLACE OF FINAL DISPOSITION: [redacted]
41. TYPE OF DISPOSITION(S): CR/RES
42. SIGNATURE OF EMBALMER: [redacted]
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: [redacted]
45. LICENSE NUMBER: [redacted]
46. SIGNATURE OF LOCAL REGISTRAR: [redacted]
47. DATE mm/dd/ccyy: 08/02/2011

PLACE OF DEATH

101. PLACE OF DEATH: RESIDENCE
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ Hospice ☐ Nursing Home/LTC ☒ Decedent's Home ☐ Other
104. COUNTY: LOS ANGELES
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): [redacted]
106. CITY: RANCHO PALOS VERDE

CAUSE OF DEATH

107. CAUSE OF DEATH

Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) HANGING
(B)
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
(C)
(D)

Time Interval Between Onset and Death
(AT) RAPID
(BT)
(CT)
(DT)

108. DEATH REPORTED TO CORONER? ☒ YES ☐ NO
REFERRAL NUMBER 2011-04959
109. BIOPSY PERFORMED? ☐ YES ☒ NO
110. AUTOPSY PERFORMED? ☒ YES ☐ NO
111. USED IN DETERMINING CAUSE? ☒ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☐ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Attended Since (A) mm/dd/ccyy
Decedent Last Seen Alive (B) mm/dd/ccyy
115. SIGNATURE AND TITLE OF CERTIFIER: [redacted]
116. LICENSE NUMBER
117. DATE mm/dd/ccyy
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☒ Suicide ☐ Pending Investigation ☐ Could not be determined
120. INJURED AT WORK? ☐ YES ☒ NO ☐ UNK
121. INJURY DATE mm/dd/ccyy: UNK
122. HOUR (24 Hours): UNK
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.): RESIDENCE
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury): SELF-INFLICTED WITH ROPE
125. LOCATION OF INJURY (Street and number, or location, and city, and zip): [redacted]
126. SIGNATURE OF CORONER / DEPUTY CORONER: [redacted]
127. DATE mm/dd/ccyy: 08/01/2011
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: EVONNE D REED, DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E	*010001001839742*	FAX AUTH.#	CENSUS TRACT

INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E Fielding MD
VD

DATE ISSUED

AUG 17 2011

100002714

Director of Public Health and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

LOS ANGELES COUNTY — REGISTRAR OF VITAL STATISTICS — STATE OF CALIFORNIA

NORTHERN BANK NOTE CO.
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE