15914 820334

ARKANSAS DEPARTMENT OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

Vol. M82 page 12862

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

1. DECEDENT-NAME FIRST: Manuel	MIDDLE: Martin	LAST: Griffith	2. SEX: Male	DATE OF DEATH (Mo., Day, Yr.): Aug. 11, 1982	
3. RACE-(e.g., White, Black, American Indian, Etc.) (Specify): White	SPANISH ORIGIN OR DESCENT 1. ☐ Non-Spanish 2. ☐ Mexican 3. ☐ Puerto Rican 4. ☐ Cuban 5. ☐ Central or So. American 6. ☐ Other or Unknown Spanish	5a. AGE-Last Birthday (Yrs.): 68	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MINS.	6. DATE OF BIRTH (Mo., Day, Yr.): July 4, 1914
7a. COUNTY OF DEATH: Garland	7b. CITY, TOWN OR LOCATION OF DEATH: Hot Springs	INSIDE CITY LIMITS (Specify Yes or No): Yes	7c. HOSPITAL OR OTHER INSTITUTION-Name (If not in either give street and number): St. Joseph Hospital	7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient	
8. STATE OF BIRTH (If not in U.S.A., name country): Arizona	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Minerva Pequeros	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No	
13. SOCIAL SECURITY NUMBER: 526-16-7774-A	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plater & Polisher	14b. KIND OF BUSINESS OR INDUSTRY: Metal			
15a. RESIDENCE-STATE: Arkansas	15b. COUNTY: Garland	15c. CITY, TOWN OR LOCATION: Lake Hamilton	15d. STREET AND NUMBER: P.O. Box 306	15e. INSIDE CITY LIMITS (Specify Yes or No): No	
16. FATHER-NAME FIRST: John	MIDDLE: J.	LAST: Griffith	17. MOTHER-MAIDEN NAME FIRST: Alice	MIDDLE: Belle	LAST: Stevenson's
18a. INFORMANT-NAME (Type or Print): Minerva Griffith	18b. MAILING ADDRESS (STREET OR R.F.D. NO.): P.O. Box 306	CITY OR TOWN: Lake Hamilton,	STATE: Arkansas	ZIP: 71951	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial	19b. CEMETERY OR CREMATORY-NAME: Forest Lawn Mem. Park	19c. LOCATION CITY OR TOWN: Cypress,	STATE: California		
20a. DATE (Mo., Day, Yr.): August 16, 1982	20b. NAME OF FUNERAL HOME: Forest Lawn Mortuary	20c. ADDRESS OF FUNERAL HOME: Cypress, California			
21a. EMBALMER-Signature: [signature]	LICENSE NUMBER: #1701	21b. REGISTRAR (Signature): Kathy Reggans, CR	21c. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): August 31, 1982		

To be Completed by CERTIFYING PHYSICIAN Only

22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
(Signature and Title): [signature]
DATE SIGNED (Mo., Day, Yr.): 8-30-82
HOUR OF DEATH: 4:15 a.m. M
22a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER or CORONER Only

23a. 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) STATED
(Signature and Title)
DATE SIGNED (Mo., Day, Yr.) 23b.
HOUR OF DEATH 23c.
PRONOUNCED DEAD (Mo., Day, Yr.) 23d.
PRONOUNCED DEAD (Hour) 23e. AT M

22d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Dr. James L. Gardner, 125 Greenwood Hot Springs, Arkansas 71913

24. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Interval between onset and death

PART I (a) DUE TO OR AS A CONSEQUENCE OF: Resp. arrest of Ca. of the head & neck

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause in PART I (a)

26. AUTOPSY (Specify Yes or No): No
27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): No

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY M	28d. DESCRIBE HOW INJURY OCCURRED
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION STREET OR R.F.D. NO.	CITY OR TOWN STATE

100M—12-80—ST-80-5028—Lee's—ST-1435

VR-6

(4a) (7a) (7c) (8) (15)

Rt Minerva Griffith
Box 306 - Lake Hamilton Ark. 71951

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT

THIS IS TO CERTIFY, That the above is an exact reproduction of the original death certificate, which is in my possession this date and of which I have the authority to issue under Act 120 of 1981. IN TESTIMONY WHEREOF, witness my hand and seal of office at Garland County, Hot Springs, Arkansas.
(Do not accept if rephotographed, or if seal cannot be felt. The reproduction of this document is prohibited by law).

COUNTY
AUG 31 1982
Date

Kathy Reggans
County Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss
I hereby certify that the within instrument was received and filed for record on the 28 day of Sept A.D., 19 82 at 11:05 o'clock A M and duly recorded in Vol M 82, of Deeds on page 12862

EVELYN BIEHN COUNTY CLERK
by Joyce McAmen Deputy

FEE $ 4.00