

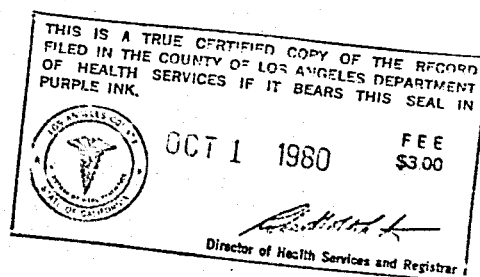
18297

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. M82 - 176183

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST Arthur		1B. MIDDLE Le Roy		1C. LAST Herbert		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2A. DATE OF DEATH (MONTH, DAY, YEAR) September 29, 1980				2B. HOUR 1:00			
DECEDENT PERSONAL DATA		3. SEX Male		4. RACE White		5. ETHNICITY Spanish American		6. DATE OF BIRTH May 13, 1914		7. AGE 66		8. IF UNDER 1 YEAR MONTHS DAYS		9. IF UNDER 24 HOURS HOURS MINUTES	
		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Arizona		9. NAME AND BIRTHPLACE OF FATHER Edwin C. Herbert - Louisiana		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Ida Weithington - UNK		11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 527-05-4667		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Evelyn J. Thompson	
		15. PRIMARY OCCUPATION Electrician		16. NUMBER OF YEARS THIS OCCUPATION 20 years		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Utility Trailer Manufacture		18. KIND OF INDUSTRY OR BUSINESS Trailer Manufacturing		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 544 E. Benwood Street		19B. CITY OR TOWN Covina		19C. STATE California	
USUAL RESIDENCE		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 544 E. Benwood Street		19B. CITY OR TOWN Covina		19C. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Evelyn J. Herbert - Wife 544 E. Benwood Street Covina, California 91722		21A. PLACE OF DEATH Arcadia Methodist Hospital		21B. COUNTY Los Angeles		21C. CITY OR TOWN Arcadia	
PLACE OF DEATH		21A. PLACE OF DEATH Arcadia Methodist Hospital		21B. COUNTY Los Angeles		21C. CITY OR TOWN Arcadia		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Metastatic thyroid carcinoma (B) (C)		23. CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH None		24. WAS DEATH REPORTED TO CORONER? No		25. WAS BICEST PERFORMED? No	
CAUSE OF DEATH		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Metastatic thyroid carcinoma (B) (C)		23. CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH None		24. WAS DEATH REPORTED TO CORONER? No		25. WAS BICEST PERFORMED? No		26. WAS AUTOPSY PERFORMED? No		27. WAS OPERATION PERFORMED FOR ANY LOCATION IN ITEMS 22 OR 23? No		28. DATE OF OPERATION 6-26-80	
PHYSICIAN'S CERTIFICATION		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO, DA, YR.) 7-24-80		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Benjamin T. Stafford M.D.		28C. DATE SIGNED 9-29-80		28D. PHYSICIAN'S LICENSE NUMBER 619825		29. SPECIFY ACCIDENT, SUICIDE, ETC. None		30. PLACE OF INJURY Glendora, Ca.		31. INJURY AT WORK No	
INJURY INFORMATION		29. SPECIFY ACCIDENT, SUICIDE, ETC. None		30. PLACE OF INJURY Glendora, Ca.		31. INJURY AT WORK No		32. DATE OF INJURY—MONTH, DAY, YEAR 9-29-80		32B. HOUR 1:00		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) Oakdale Memorial Park, 1401 S. Grand Av.,		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Not embalmed	
CORONER'S USE ONLY		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVIGATION) None		35B. CORONER—SIGNATURE AND DEGREE OR TITLE Benjamin T. Stafford M.D.		35C. DATE SIGNED 9-29-80		36. DISPOSITION Cremate		37. DATE—MONTH, DAY, YEAR Oct 2, 1980		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Oakdale Memorial Park, 1401 S. Grand Av.,		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not embalmed	
		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Oakdale Mortuary		41. LOCAL REGISTRATION DISTRICT 9		42. DATE ACCEPTED BY LOCAL REGISTRAR SEP 30 1980		43. STATE REGISTRAR A. B. C. D. E. F.		44. STATE REGISTRAR A. B. C. D. E. F.		45. STATE REGISTRAR A. B. C. D. E. F.		46. STATE REGISTRAR A. B. C. D. E. F.	



STATE OF OREGON: COUNTY OF KLAMATH :ss
I hereby certify that the within instrument was received and filed for record on the -13 day of Dec. A.D., 19 82 at 1:10 o'clock P M, and duly recorded in Vol M82, of Deeds on page 17618.

Fee \$ 4.00

EVELYN BIEHN COUNTY CLERK

by Joyce M. Brown Deputy