CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 18297

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LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
Arthur	Le Roy	Herbert

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
September 29, 1980	1800

3. SEX	4. RACE
Male	White

5. ETHNICITY: Spanish American

6. DATE OF BIRTH: May 13, 1914

7. AGE: 66 YEARS (IF UNDER 1 YEAR: MONTHS, DAYS; 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: Trailor Manufacturing

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 544 E. Benwood Street

19B.

19C. CITY OR TOWN: Covina

19D. COUNTY: Los Angeles

19E. STATE: California

PLACE OF DEATH

21A. PLACE OF DEATH: Arcadia Methodist Hospital

21B. COUNTY: Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 300 W. Huntington Drive

21D. CITY OR TOWN: Arcadia

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Evelyn J. Herbert - Wife
544 E. Benwood Street
Covina, California 91722

CAUSE OF DEATH

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

IMMEDIATE CAUSE — (A) Metastatic thyroid carcinoma — 3 mos

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

DUE TO, OR AS A CONSEQUENCE OF — (B)

DUE TO, OR AS A CONSEQUENCE OF — (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? No

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: None

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Right lobectomy — DATE: 6.26.80, 8.4.80

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.)	I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.)
7.24.80	9.27.80

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Benjamin T. Stafford M.D.

28C. DATE SIGNED: 9.29.80

28D. PHYSICIAN'S LICENSE NUMBER: G19825

28E. TYPED PHYSICIAN'S NAME AND ADDRESS: Benjamin T. Stafford M.D. 612 W. Duarte Road, Arcadia, Ca.

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.

30. PLACE OF INJURY

31. INJURY AT WORK

32A. DATE OF INJURY—MONTH, DAY, YEAR

32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

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-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremate	Oct 2, 1980	Oakdale Memorial Park, 1401 S. Grand Av, Glendora, Ca.	Not embalmed

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Oakdale Mortuary

41. LOCAL REGISTRAR: [signature] glb

42. DATE ACCEPTED BY LOCAL REGISTRAR: SEP 30 1980

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (10-78)

01-8-1-0529

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

OCT 1 1980

FEE $3.00

Director of Health Services and Registrar

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.

EVELYN BIEHN COUNTY CLERK
by [signature] Deputy

Fee $ 4.00