

46326

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH-DIVISION OF HEALTH RECORDS AND STATISTICS
CERTIFICATE OF DEATH

DEATH NO.
D102

1. NAME OF DECEASED A. FIRST JACK B. MIDDLE C. C. LAST ARNOLD		2. SEX MALE	3. RACE OR COLOR CAUC.	4. DATE OF DEATH FEB. 21 1975
5. PLACE OF DEATH A. COUNTY MOHAVE B. TOWN OR CITY KINGMAN		6. HOSPITAL OR INSTITUTION MOHAVE GENERAL HOSP.		
7. DATE OF BIRTH NOV. 19 1909		8. MARITAL STATUS MARRIED		
9. PLACE OF BIRTH STATE OF TEXAS		10. USUAL RESIDENCE ARIZONA		
11. COUNTRY USA		12. SOCIAL SECURITY NO. 568-01-7011		
13. CITY AND STATE MOHAVE ARIZONA		14. BULLHEAD CITY 86430		
15. FREET ADDRESS OR R.F.D. 2841 Easy St. (PO. 1223)		16. CALIFORNIA		
17. FATHER'S NAME LEWIS		18. MOTHER'S MAIDEN NAME EMMA		
19. INFORMANT'S SIGNATURE Helen May Arnold		20. MEDICAL STATEMENT OF CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: A. IMMEDIATE CAUSE B. DUE TO OR AS A C. CONSEQUENCE OF: PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS		
21. PHYSICIAN OR MEDICAL EXAMINER I (ATTENDED) (EXAMINED) THE DECEASED (FROM) (ON): 2 2075 TO FEB. 21, 1975		22. DEATH OCCURRED AT: 7:35A SIGNATURE: J.J. Standifer, MD. DATE SIGNED: 25-2-22-75		
23. MANNER OF DEATH ACCIDENT NATURAL CAUSES SUICIDE UNDETERMINED HOMICIDE		24. CORONER FROM EXAMINATION OF THE BODY AND/OR MY INVESTIGATION, IN MY OPINION DEATH OCCURRED IN THE MANNER AND UNDER THE CIRCUMSTANCES STATED.		
25. SUPPLEMENTARY ENTRIES		26. DISP. OF BODY - BURIAL DATE OF DISPOSITION: Feb. 23, 1975 CEMETERY OR CREMATORY: Green Hills Cem. FURNERAL HOME: Removal		
27. DATE REGISTERED 3-3-75		28. REG. FILE NO. 56		

CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA)
COUNTY OF MARICOPA)

Date Issued March 5, 1975

This copy is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA.

Issued under the authority of ARS 36-341 and by direction of:
JAMES L. SCHAMADAN, M.D.
Director, Department of Health Services
and State Registrar

VITAL
SECTION
ALFONSO BRAVO
Assistant State Registrar

THIS COPY NOT VALID UNLESS PREPARED ON SAFETY PAPER DISPLAYING STATE SEAL IN COLOR AND IMPRESSED WITH RAISED SEAL OF ISSUING AGENCY.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17th day of June A.D., 1992 at 11:25 o'clock A.M., and duly recorded in Vol. M92 of Deeds on Page 13357.

FEE \$10.00

Evelyn Biehn County Clerk
By _____

Return: Jeffrey W. & Elsie McElmore
218 SW High, Grants Pass, Or. 97526