

Upon Receiving Return to: Dorothy Griffiths

54865

Oklahoma City, OK 73107
MEDICAL EXAMINER

CERTIFICATE OF DEATH
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

93018064

LOCAL REGISTRAR'S OFFICE NO.		STATE FILE NO.	
DECEASED - NAME ROBERT E GRIFFITHS		DATE OF DEATH (Month, Day, Year) 8-10-91	
SEX MALE		COUNTY OF DEATH OKLAHOMA	
RACE: White (See American Indian etc. Special) WHITE	AGE: Last Birthday 75	USUBER YEAR Year Day	USUBER DAY Month Day
DATE OF BIRTH (Month, Day, Year) 5-7-16		HOSPITAL OR OTHER INSTITUTION - NAME (If applicable, give Street and Number) BAPTIST MEDICAL CENTER	
CITY, TOWN, OR LOCATION OF DEATH OKLAHOMA CITY		INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STATE OF BIRTH (If not in U.S. Name Country) East Chicago, Illinois USA		CITIZEN OF WHAT COUNTRY USA	
SOCIAL SECURITY NUMBER 358-03-0491		USUAL OCCUPATION (Give kind of work done during most of working life) Steel Worker	
RESIDENCE - STATE Okla.		CITY, TOWN, OR LOCATION Okla. City	
INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		STREET AND NUMBER 915 Mobile Way, 73107	
FATHER - NAME Raymond D. Griffiths		MOTHER - MAIDEN NAME Esma Stark	
INFORMANT - NAME OR SOURCE OF INFORMATION Dorothy Griffiths-wife		ADDRESS Mobile Way, Okla. City, OK 73107	
<p>NOT OFFICIAL! This document is the property of the Lake County Recorder!</p>			
PART I DEATH WAS CAUSED BY (If there is any doubt as to cause, list all causes)		RECORDED	
18 CAUSE OF DEATH IMMEDIATE CAUSE IDIOPATHIC CARDIOMYOPATHY DOE TO OR AS A CONSEQUENCE OF (a) 9102770 (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)		219 PH 193	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in Part I)		AUTOPSY AUTHORIZED BY H	
Manner: Natural <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Accidents <input type="checkbox"/> Unknown <input type="checkbox"/>		DATE OF INJURY (Month, Day, Year) HOUR OF INJURY HOW INJURY OCCURRED (If appropriate of injury in Part II, Item 18)	
26 INJURY AT WORK Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		28 PLACE OF INJURY (At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify))	
29 LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)		27b. 307	
CERTIFICATION - MEDICAL EXAMINER (Use the basis of the examination of the body and the investigation in my opinion, death occurred on the day and at the place stated as certified by my signature in item 22b.)		DEATH OCCURRED at 27c. 0123 27d. 307	
CERTIFIER - NAME (Type or Print) CHAI S. CHOI, M.D.		SIGNATURE OF MEDICAL EXAMINER <i>[Signature]</i>	
MAILING ADDRESS - CERTIFIER 901 N. STONEWALL OKLAHOMA CITY OK 73117		DATE SIGNED (Month, Day, Year) 8-13-91	
MANNER, CREMATION, REMOVAL 23a. Cremation		DATE August 13, 1991	
LOCATION (Crematory or Cemetery) Okla. City Ok. Gene Adams F. 2425 N. Asbury; Bethany Gene Adams		FUNERAL DIRECTOR Gene Adams	
LOCAL REGISTRAR SIGNATURE <i>[Signature]</i>		DATE RECEIVED BY STATE REGISTRAR AUG 13 1991	

17-104-1



FILED

MAR 19 1993

State Department of Health

[Signature]
NOT CERTIFIED COPY MUST HAVE EMBOSSED SEAL

ROGER C. PIRRONG
STATE REGISTRAR OF VITAL STATISTICS
OKLAHOMA CITY, OKLAHOMA 73152

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

[Signature]
STATE REGISTRAR
00974

AUG 13 1991

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