35186

Vol. M84 Page 5494

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS – 146

Local File Number: 113

State File Number

DECEASED—NAME (1) First: MARGARET Middle: C. Last: HEGEDUS

(2) DATE OF DEATH (MONTH, DAY, YEAR): March 28, 1984

(3) RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): White

(4) SEX: Female

(5A) AGE—LAST BIRTHDAY (YEARS): 33

(5B) UNDER 1 YEAR: MOS. / DAYS

(5C) UNDER 1 DAY: HOURS / MIN.

(6) DATE OF BIRTH (MONTH, DAY, YEAR): August 7, 1950

(7A) CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

(7B) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Merle West Medical Center

(7C) IF HOSP. OR INSTN., INDICATE DOA, OPIEMER, RM., INPATIENT (SPECIFY): Inpatient

(7D) COUNTY OF DEATH: Klamath

(8) STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Minnesota

(9) CITIZEN OF WHAT COUNTRY: U.S.A.

(10) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

(11) SPOUSE (IF MARRIED, WIDOWED): Robert J. Hegedus

(12) WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes

(13) SOCIAL SECURITY NUMBER: 472-60-5429

(14A) USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Student

(14B) KIND OF BUSINESS OR INDUSTRY: Oregon Institute of Technology

(15A) RESIDENCE STATE: Oregon

(15B) COUNTY: Klamath

(15C) CITY, TOWN, OR LOCATION: Klamath Falls

(15D) STREET AND NUMBER OR R.F.D. NO.: 5131 Cottage St., Sp. #1

(15E) ZIP: 97603

(15C) INSIDE CITY LIMITS? (SPECIFY YES OR NO): NO

(16) FATHER—NAME First Middle Last: William T. Cavanaugh

(17) MOTHER First Middle Last (MAIDEN NAME): Veronica B. Bartz

(18) INFORMANT NAME AND RELATIONSHIP TO DECEASED: Robert J. Hegedus, Husband

(19A) BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Burial/Removal

(19B) CEMETERY OR CREMATORY—NAME: St. Joachim's Cemetery

(19C) LOCATION—CITY OR TOWN, STATE: Plainview, Minnesota 97601

(20A) FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: Mike O'Hair

(20B) NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.

CERTIFICATION – MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

(21A) DEATH OCCURRED (HOUR): 2:20 A.M.

(21B) THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): March 28, 1984 2:20 A.M.

FROM: NATURAL CAUSES [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]

(21C) NAME—(TYPE OR PRINT): Robert E. Jamison DEGREE OR TITLE: M.D.

(21D) CERTIFIER SIGNATURE: Robert E. Jamison

(21E) DATE SIGNED (MONTH, DAY, YEAR): March 30, 1984

(21F) MEDICAL EXAMINER FOR: Klamath

(22A) DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): APR 3 1984

(22B) REGISTRAR (SIGNATURE): Marian Ackerman

(23) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I
(a) Amniotic Fluid Embolism — DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH: few Minutes
(b) Pregnancy — DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH: 9 months
(c) — INTERVAL BETWEEN ONSET AND DEATH:

PART II — OTHER SIGNIFICANT CONDITIONS – CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): None

(24) AUTOPSY (SPECIFY YES OR NO): Yes

(25A) DATE OF INJURY (MONTH, DAY, YEAR)

(25B) HOUR

(25C) HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)

(25D) INJ. AT WORK (SPECIFY YES OR NO)

(25E) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

(25F) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

45-107 REV. 12-83

ORIGINAL - VITAL STATISTICS COPY

'84 APR 5 AM 8 39

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar

Date APR 3 1984

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 5th day of April A.D., 19 84 at 8:39 o'clock A M, and duly recorded in Vol M84, of Deeds on page 5494.

EVELYN BIEHN, COUNTY CLERK

Fee: $4.00

by: Pam Smith, Deputy

Ck 4.00

Return: Robert Hegedus 5131 Cottage St. Sp. #1 Klamath Falls, Oregon 97603