

38291

CERTIFIED COPY OF DEATH RECORD

ATC-m-27643
CERTIFICATE OF DEATH

AFTER RECORDING RETURN TO:
WALTER BELL
PO BOX 497
STAYTON, OREGON 97383

Vital Records Unit

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TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DEATH
OCCURRED IN
SITUATION
HANDBOOK
RECORDING
PLENITUDE OF
DECEASED ITEMS

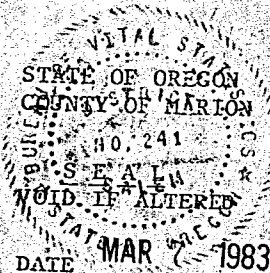
POSITION:

RTIFIER:

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
LYING THE
UNDERLYING
CAUSE LAST

USE OF
EATH

DECEASED—NAME		First	Middle	Last	State File Number	
RAYMOND		F.		HECHT	2 February 27, 1983	
1 RACE White, Black, American Indian, etc. (Specify)	2 SEX	3 AGE—Last birthday (years)	4 Under 1 year mos	5 Under 1 day hours	DATE OF DEATH (month, day, year)	
White	Male	77			2 February 27, 1983	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)		DATE OF BIRTH (month, day, year)
Sublimity		Marion Retirement Center		inpatient		6 November 28, 1905
7a STATE OF BIRTH (If not in U.S., name country)	8 CITIZEN OF WHAT COUNTRY	9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		10 SPOUSE (IF MARRIED, WIDOWED)		COUNTY OF DEATH
Nebraska	U.S.A.	Married		Martha		7d Marion
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		11 KIND OF BUSINESS OR INDUSTRY		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
508-10-4117		Farmer		Farming		NO
13 RESIDENCE—STATE	14a COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		15 Inside City Limits (Specify Yes or No)
Oregon	Marion	Stayton		16237 Coon Hollow Rd.		15a NO
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		17 Anna Richter		18 Martha Hecht, Wife
Fredrick Hecht						19c Stayton, Oregon
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY—NAME		18 Martha Hecht, Wife		19c Stayton, Oregon
Burial		Lone Oak				
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		19c Stayton, Oregon		
20a		20b Weddle Funeral Home Inc. 1777 Third Ave. Stayton, Oregon 97383				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a (Signature) Robert E. Danner M.D.		21b 3-2-83		21c 4:05 A. M		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d Robert E. Danner, M.D., 655 Medical Center Dr. NE, Salem, Or. 97301				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
21e		22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		22b (Signature) Deanne Stensrud		
		MAR 7 1983				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
PART I (a) metastatic carcinoma				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:						
(b) carcinoma of colon				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:						
(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)						
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		AUTOPSY (Specify Yes or No)
NO						24 NO
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
NO						NO
26a		26b		26c		26d
26e		26f		26g		
RESERVED FOR REGISTRAR'S USE						



This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

REGISTRAR OF VITAL STATISTICS

By Deanne Stensrud Deputy

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 29th day of June A.D., 19 84 at 3:55 o'clock p M, and duly recorded in Vol M84, of Deeds on page 11008.

Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK
by: Ram Smith, Deputy