

CERTIFICATION OF VITAL RECORD

55235

I.D. TAG NO.

107-29

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: John Middle: Edward Last: KEREKES				2. SEX M	3. DATE OF DEATH (Month, Day, Year) February 12, 1989
4. SOCIAL SECURITY NUMBER 452-52-6026		5a. AGE - Last Birthday (Years) 57	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Los Angeles, CA
7. DATE OF BIRTH (Month, Day, Year) April 13, 1931		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) Rose Haven Care Center			9c. CITY, TOWN, OR LOCATION OF DEATH Roseburg		9d. COUNTY OF DEATH Douglas
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Mason		10b. KIND OF BUSINESS/INDUSTRY Residential		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married Karen	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Sprague River	
13d. STREET AND NUMBER Box 12		13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97639	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 1	
17. FATHER - NAME first middle last Joseph Kerekes		18. MOTHER - NAME first middle maiden Marie Schueller		19. INFORMANT - NAME and relationship to decedent Karen Kerekes wife	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eagle Point National Cemetery		20c. LOCATION - City or Town, State Eagle Point, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Ken Hanlin		21b. LICENSE NUMBER (Of Licensee) 3165		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Falls Funeral Home 1945 Main St. Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year) FEB 15 1989		24. REGISTRAR'S SIGNATURE Janice Brock		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
27. TIME OF DEATH 10:30pm		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) L.F. Michalek M.D.		30. DATE SIGNED (Month, Day, Year) 2/13/89			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) L.F. Michalek, M.D. 1340 W. Harvard-Roseburg, OR. 97470		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) L.F. Michalek M.D.			
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		34. DATE SIGNED (Month, Day, Year) 2/13/89			
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART (a) DUE TO, OR AS A CONSEQUENCE OF: CO PD Cigarette Smoking		36. INTERVAL BETWEEN ONSET AND DEATH 59m			
PART (b) DUE TO, OR AS A CONSEQUENCE OF:		37. INTERVAL BETWEEN ONSET AND DEATH +209m			
PART (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. CAD, Steroid dependence, Osteoporosis, fractures		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED			
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE DOUGLAS COUNTY REGISTRAR.

DATE ISSUED FEB 15 1989

PETER C. MULDER
COUNTY REGISTRAR
DOUGLAS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Karen Kerekes the 21st day of Feb. A.D., 19 89 at 11:03 o'clock AM., and duly recorded in Vol. M89 of Deeds on Page 3122

Evelyn Biehn County Clerk
By [Signature]

FEE \$8.00

Return: Karen Kerekes

Box 12, Sprague River, Or. 97639