

STATE OF LOUISIANA

0200498

ASPEN-35150

THIS RECORD IS VALID FOR DEATH ONLY

BIRTH No.

FILE No. 117

722149	1A. LAST NAME OF DECEDENT Hesselgrave		1B. FIRST NAME Ethel		1C. MIDDLE NAME Mosley		2A. DATE OF DEATH April 16, 1990	
	2B. HOUR OF DEATH 9:35 P. M.		3. SEX Female		4. RACE (Specify White, Black, Asian, Indian, etc.) White		5. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed	
	6. X 3000 SPOUSE (If Wife, give Maiden Name) Harold Hesselgrave		7. DATE OF BIRTH March 30, 1906		8A. AGE YEARS 84		8B. UNDER 1 YEAR MONTHS	
	9. BIRTHPLACE (City and State or Foreign Country) Elizabeth, New Jersey		10. USUAL OCCUPATION (Kind of work done during most of working life, NEVER specify retired) Cook		11. KIND OF BUSINESS/INDUSTRY Restaurant		12. OF HISPANIC ORIGIN? (If YES Specify Cuban, Mexican, etc. If NO Specify NO) No	
DECEASED	13. EVER IN U.S. ARMED FORCES? (Specify YES or NO) No		14. SOCIAL SECURITY NUMBER 468 07 4069		15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST grade completed) ELEMENTARY/SECONDARY (9-12) 3 Years		16. PLACE OF DEATH (Check ONLY one. If death in NON LISTED facility check OTHER and specify on line BELOW) HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA <input checked="" type="checkbox"/> NON-HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER <input type="checkbox"/>	
	16B. NAME OF FACILITY (If not in Facility, give street address or location) Terrebonne General Medical Center		16C. PLACE OF DEATH IN CITY LIMITS? (YES or NO) Yes		17A. CITY, TOWN OR LOCATION OF DEATH Houma		17B. PARISH OF DEATH Terrebonne	
	18A. USUAL RESIDENCE OF DECEDENT (City, town or location) Houma		18B. PARISH OF RESIDENCE Terrebonne		18C. STATE OF RESIDENCE Louisiana		18D. STREET ADDRESS (If rural specify rural route number or location) 3704 Grand Caillou Rd.	
	18E. ZIP CODE 70363		18F. RESIDENCE INSIDE CITY LIMITS? (YES or NO) Yes		19A. FATHER'S LAST NAME Mosely		19B. FATHER'S PLACE OF BIRTH Kryzewka	
PARENTS	20A. MOTHER'S MAIDEN NAME Szafran		20B. MOTHER'S PLACE OF BIRTH Galicia		20C. FATHER'S PLACE OF BIRTH Nova Scotia		20D. MOTHER'S PLACE OF BIRTH Nova Bes Ladown	
	21A. I CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. TYPE OR PRINT NAME OF INFORMANT Ray Hesselgrave		21B. INFORMANT'S ADDRESS 3704 Grand Caillou Rd. Houma Louisiana 70363		21C. DATE April 17, 1990			
CAUSE OF DEATH	22. PART I. ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. a. chronic respiratory failure. b. Ascending paralysis.		22. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART I. Urinary tract infection; Urinary sepsis		23. WAS DECEDENT PREGNANT OR LESS THAN 91 DAYS POST-PARTUM (YES or NO) no		24A. WAS AN AUTOPSY PERFORMED? (YES or NO) no	
	25. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		25A. DATE OF INJURY (Month, Day, Year)		25B. TIME OF INJURY M		25C. INJURY AT WORK (YES or NO)	
	25D. DESCRIBE HOW INJURY OCCURRED		25E. PLACE OF INJURY (Specify at home, farm, factory, street, etc.)		25F. LOCATION (Street, Number or Rural Route, City, Parish, State)			
	26. DATE OF INJURY (Month, Day, Year)		26A. DATE OF INJURY (Month, Day, Year)		26B. TIME OF INJURY		26C. INJURY AT WORK (YES or NO)	
CERTIFIER	27A. I CERTIFY THAT I ATTENDED THE DECEDENT FROM 9-29-89 TO Death . AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE DUE TO THE CAUSES AND IN THE MANNER SO STATED.		27B. SIGNATURE OF PHYSICIAN OR CORONER Denis B. Schernayder, Jr. MD		27C. DATE 4/17/90			
	27D. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER Denis B. Schernayder, Jr. MD		27E. ADDRESS OF PHYSICIAN OR CORONER 325 Liberty St. Houma, LA. 70360		27F. NAME AND LOCATION OF CEMETARY OR CREMATORIUM Bearhead Cemetery Little Falls, Minnesota		27G. LICENSE NUMBER 948	
	28A. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> OTHER		28B. DATE THEREOF April 18, 1990		28C. NAME AND LOCATION OF CEMETARY OR CREMATORIUM Bearhead Cemetery Little Falls, Minnesota		28D. LICENSE NUMBER 948	
	28E. NAME AND ADDRESS OF FUNERAL DIRECTOR Chauvin Funeral Home, Inc. 801 Little Bayou Black Rd. Houma, La. 70360		28F. PARISH OF ISSUE Terrebonne		28G. DATE OF ISSUE April 17, 1990		28H. SIGNATURE OF LOCAL REGISTRAR Peggy Davis	
FUNERAL DIRECTOR	29A. BURIAL TRANSIT PERMIT 244764		29B. PARISH OF ISSUE Terrebonne		29C. DATE OF ISSUE April 17, 1990		29D. SIGNATURE OF LOCAL REGISTRAR Peggy Davis	
	29E. NAME AND ADDRESS OF FUNERAL DIRECTOR Chauvin Funeral Home, Inc. 801 Little Bayou Black Rd. Houma, La. 70360		29F. PARISH OF ISSUE Terrebonne		29G. DATE OF ISSUE April 17, 1990		29H. SIGNATURE OF LOCAL REGISTRAR Peggy Davis	
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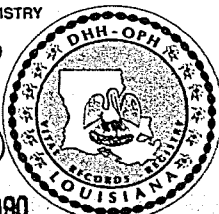
PHS 16 - (REV. 1/89)

OFFICE OF PUBLIC HEALTH - VITAL RECORDS REGISTRY

IN ACCORDANCE WITH LSA-R.S. 40:50 (C), I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF A DEATH CERTIFICATE IN MY CUSTODY.

Peggy Davis
LOCAL REGISTRAR

APR 23 1990



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA-R.S. 40:32, ET SEQ.

William H. Barlow
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 5th day of June A.D., 19 90 at 10:46 o'clock AM., and duly recorded in Vol. M90 of Deeds on Page 10774.

FEE \$8.00

Return: A.T.C.

Evelyn Biehn - County Clerk

By *Laurel Mullenbach*