11-09-94A11:43 RCVD Vol M94 Page 34597

90851

TYPE OR PRINT IN PERMANENT BLACK INK

155306 I.D. TAG NO.

410 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

138- State File Number

DECEDENT

1. DECEDENT'S NAME: First Alfred; Middle Dominic; Last HESKO
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Sept. 17, 1994
4. SOCIAL SECURITY NUMBER: 200 12 5703
5a. AGE-Last Birthday (Years): 69
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Farrell, PA.
7. DATE OF BIRTH (Month, Day, Year): Jan. 14, 1925
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐Yes ☐No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☒Inpatient ☐ER/Outpatient ☐DOA; OTHER ☐Nursing Home ☐Decedent's Home ☐Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Colonel
10b. KIND OF BUSINESS/INDUSTRY: US Air Force
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Lynn E.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3022 Delap Pit Road
13e. INSIDE CITY LIMITS? ☐Yes ☒No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒No ☐Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): / College (1 to 4 or 5+): 4

PARENTS

17. FATHER - NAME first middle last: Jarol - Hesko
18. MOTHER - NAME first middle maiden: Monica - Jancovic
19. INFORMANT - NAME and relationship to deceased: Lynn Hesko / Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒Burial ☐Cremation ☒Removal from State ☐Donation ☐Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): St. Ann Cemetery
20c. LOCATION - City or Town, State: Hermitage, PA.

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601
23. DATE FILED (Month, Day, Year): SEP 22 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐YES ☒NO ☐N/A
26. WAS GIFT MADE? ☐YES ☒NO ☐N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 17:00 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐Yes ☒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): Sean B. Dow
30. DATE SIGNED (Month, Day, Year): 09/20/94
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Sean B. Dow, MD / 2628 Campus Drive / Klamath Falls, Oregon / 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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)
33. DATE SIGNED (Month, Day, Year) COUNTY

CAUSE OF DEATH

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

36. 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 I. (a) Seizures — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Hypoxic encephalopathy — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Sudden cardiac death — Interval between onset and death:
PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
37. Did tobacco use contribute to the death? ☐Yes ☐Probably ☐No ☒Unknown
38. AUTOPSY ☐Yes ☒No
39. If YES were findings considered in determining cause of death? ☐Yes ☐No ☐N/A

40. MANNER OF DEATH: ☒Natural ☐Pending Investigation ☐Accident ☐Undetermined Manner ☐Suicide ☐Homicide ☐Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐Yes ☒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)

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR
ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: SEP 22 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OF HEALTH KLAMATH OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lynn Hesko the 9th day of Nov A.D., 19 94 at 11:43 o'clock A M., and duly recorded in Vol. M94, of Deeds on Page 34597.

Evelyn Biehn -County Clerk
By Roxanne Russendorf

FEE $10.00

Ret: Lynn Hesko - 3022 Delap Pit Rd, Klamath Falls