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96-02812

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OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

BOOK 1391 PAGE 859

TYPE OR PRINT IN PERMANENT BLACK INK

I.D. TAG NO. 189491

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH

Local File Number 47

State File Number

'96 MAY 14 A11:03

DECEDENT

1. DECEDENT'S NAME: First Lazlo; Middle -; Last TOTH
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): January 20, 1996
4. SOCIAL SECURITY NUMBER: 549-54-5897
5a. AGE-Last Birthday (Years): 65
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Miskolc, Hungary
7. DATE OF BIRTH (Month, Day, Year): September 2, 1930
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): Life Care center
9c. CITY, TOWN, OR LOCATION OF DEATH: Coos Bay
9d. COUNTY OF DEATH: Coos
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use 'retired'): Owner Operator
10b. KIND OF BUSINESS/INDUSTRY: Machine Shop/Machinist
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Linda
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Douglas
13c. CITY, TOWN OR LOCATION: Scottsburg
13d. STREET AND NUMBER: 5858 Lutsinger Creek
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97473
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): 8; College (1-4 or 5+)

PARENTS

17. FATHER - NAME first middle last: Balint-Toth
18. MOTHER - NAME first middle maiden: Zsuzsanna - Szabo
19. INFORMANT - NAME and relationship to deceased: Linda Toth-Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Lower Umpqua Crematory
20c. LOCATION - City or Town, State: Reedsport, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Albert W. Waite
21b. LICENSE NUMBER (Of Licensee): 3493
22. NAME, ADDRESS AND ZIP OF FACILITY: Dunes Memorial Chapel, 2300 Frontage Rd., Reedsport, Oregon 97467
23. DATE FILED (Month, Day, Year): January 29 1996
24. REGISTRAR'S SIGNATURE
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: 1:45PM
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)
30. DATE SIGNED (Month, Day, Year): 1-22-96

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): WARD B. BUCKINGHAM, MD 1890 WAITE, NORTH BEND, OR 97459
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) 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) Aspiration pneumonia — Interval between onset and death: days
DUE TO, OR AS A CONSEQUENCE OF (b) Recurrent pulmonary aspiration — Interval between onset and death: weeks
DUE TO, OR AS A CONSEQUENCE OF (c) Cephalopathy, post-op, multifactorial — Interval between onset and death: 20 months
PART II OTHER SIGNIFICANT CONDITIONS Considered contributing to death but not resulting in the underlying cause given in PART I: CHF, depression, dementia
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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ 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)

REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

FEE 5.00

DATE ISSUED JAN 29 1996

96-02812

LINDA TOTH HANDED

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON
COUNTY OF DOUGLAS
I, GAY FIELDS, COUNTY CLERK AND RECORDER OF CONVEYANCES, DO HEREBY CERTIFY THAT THE WITHIN INSTRUMENT WAS RECEIVED FOR RECORD ON THE
96 FEB -6 PM 1:24
AND RECORDED IN BOOK/REEL/VOLUME NO. M96 ON PAGE 13791
GAY FIELDS
DOUGLAS COUNTY CLERK
BY Bernetha G. Letsch DEPUTY

THE OFFICIAL RECORDS IN DOUGLAS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Linda Toth the 14th day of May A.D., 19 96 at 11:03 o'clock AM., and duly recorded in Vol. M96 of Deeds on Page 13791.

FEE $10.00

Return: Linda Toth
P.O. Box 584
Scottsburg, Oregon 97423

Bernetha G. Letsch, County Clerk
By