

CERTIFICATION OF VITAL RECORD

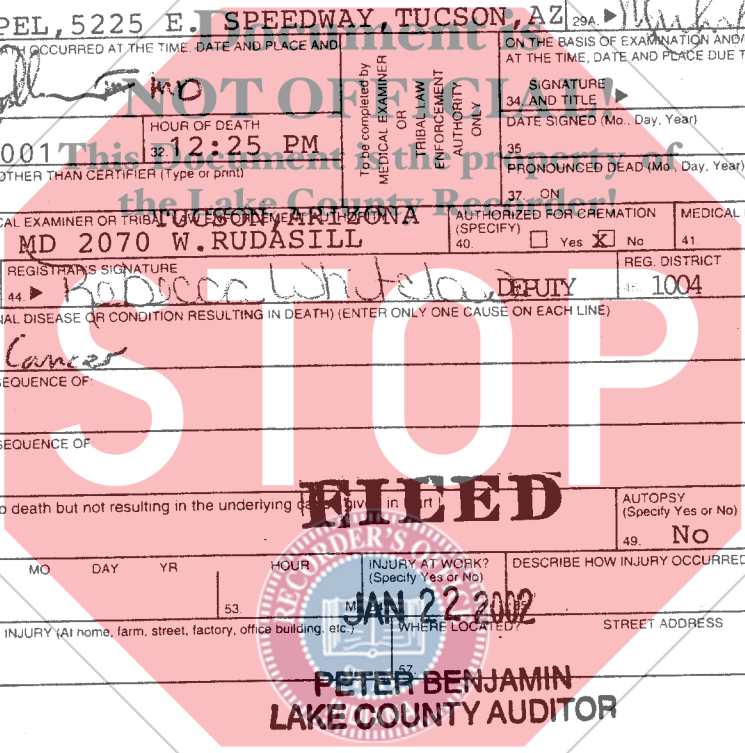
STATE OF ARIZONA

KEY# 36-478-17

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO. C 102-

NAME OF DECEASED A. FIRST: KATHLEEN B. MIDDLE: LOUISE C. LAST: HEGYI			SEX FEMALE	DATE OF DEATH MARCH 11, 2001
RACE (e.g., white, black, American Indian, (specify tribe) etc.) SPECIFY: WHITE		WAS DECEDENT OF HISPANIC ORIGIN (SPECIFY YES OR NO) NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.
PLACE OF DEATH A. COUNTY: PIMA B. TOWN OR CITY: TUCSON	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) TUCSON MEDICAL CENTER			<input type="checkbox"/> DOA <input checked="" type="checkbox"/> OP EMER. <input checked="" type="checkbox"/> IN PATIENT
DATE OF BIRTH MONTH: JANUARY DAY: 31 YEAR: 1950	AGE (YEARS LAST BIRTHDAY) A. 51	IF UNDER 1 YEAR MOS. DAYS	IF UNDER 1 DAY HRS. MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED
STATE AND CITY OF BIRTH (if not in USA, name country) INDIANA, CHICAGO		CITIZEN OF WHAT COUNTRY? USA	SOCIAL SECURITY NO. 316-54-8276	USUAL OCCUPATION (Give kind of work done most of working life, even if retired) ACCT. CLERK
USUAL RESIDENCE A. STATE: ARIZONA B. COUNTY: PIMA C. TOWN OR CITY: TUCSON	D. ZIP CODE: 85749	HOW LONG IN ARIZONA? 2 yrs	EDUCATION HIGHEST GRADE COMPLETED A. ELEMENTARY-SECONDARY (0-12) B. COLLEGE (1-4 or 5+) 2	
STREET ADDRESS OR R.F.D. 8849 E. HONEYBEAR PL.		INSIDE CITY LIMITS? (SPECIFY Yes or No) NO	ON RESERVATION (SPECIFY Yes or No) NO	PREVIOUS STATE OF RESIDENCE INDIANA
FATHER'S NAME A. FIRST: ALBERT B. MIDDLE: ALLY C. LAST: ALLY		MOTHER'S MAIDEN NAME A. FIRST: RUBY B. MIDDLE: WOHLGEMUTH C. LAST: WOHLGEMUTH		
INFORMANT'S SIGNATURE RICHARD HEGYI		RELATIONSHIP TO DECEASED HUSBAND	ADDRESS STREET NO. CITY AND STATE ZIP CODE 8849 E. HONEYBEAR PL., TUCSON, ARIZONA 85749	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL	DATE MARCH 14 2001	CEMETERY OR CREMATORY - NAME/LOCATION EASTLAWN CEMETERY, TUCSON, AZ.		EMBALMER'S SIGNATURE <i>[Signature]</i> CERT. NO. E1004
FUNERAL HOME NAME WOLFREY PEACE CHAPEL	STREET ADDRESS 5225 E. SPEEDWAY	CITY AND STATE TUCSON, AZ		FUNERAL DIRECTOR (or person acting as such) SIGNATURE <i>[Signature]</i> CERT. NO. 474
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.		
30 SIGNATURE AND TITLE <i>[Signature]</i> MD		34 SIGNATURE AND TITLE <i>[Signature]</i>		
31 DATE SIGNED (Mo., Day, Year) MARCH 13, 2001		35 HOUR OF DEATH 12:25 PM		36 DATE SIGNED (Mo., Day, Year)
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		37 PRONOUNCED DEAD (Mo., Day, Year)		38 AT
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL MEDICAL EXAMINER (Type or print) ALTON V. HALLUM III MD 2070 W. RUDASILL TUCSON, ARIZONA		AUTHORIZED FOR CREMATION (SPECIFY) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DATE REGISTERED MAR. 15, 2001	REG. FILE NO. 1807	REGISTRAR'S SIGNATURE <i>[Signature]</i>	REG. DISTRICT 1004	DATE REC'D. IN STATE OFFICE
47 SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE ENTER UNDERLYING CAUSE (DISEASE OR INJURY) THAT INITIATED EVENTS RESULTING IN DEATH LAST				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Cervix Cancer				
B. DUE TO OR AS A CONSEQUENCE OF				
C. DUE TO OR AS A CONSEQUENCE OF				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (Specify Yes or No)				49. No
48 MANNER OF DEATH				50. no
<input type="checkbox"/> NATURAL CAUSES	<input type="checkbox"/> HOMICIDE	DATE OF INJURY MO DAY YR	HOUR	INJURY AT WORK? (Specify Yes or No)
<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> PENDING INVESTIGATION	52	53	JAN 22 2002
<input type="checkbox"/> SUICIDE	<input type="checkbox"/> UNDETERMINED	PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY	WHERE LOCATED	STREET ADDRESS CITY OR TOWN STATE
51. SUPPLEMENTARY ENTRIES				



CERTIFIED COPY OF VITAL RECORDS

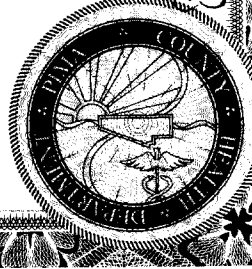
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STATE OF ARIZONA }
COUNTY OF PIMA } ss

DATE ISSUED March 19, 2001

This is a true and exact reproduction of the document officially registered and to be placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Issued under the authority of A.R.S. 36-341, and by direction of:

[Signature]
DENNIS W. DOUGLAS
County Registrar
Pima County Health Department



This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised seal of issuing agency.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE