

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

03 132258

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST: Michael MIDDLE: James LAST: Hegstrand			2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) Found OCT 19, 2003		4. SOCIAL SECURITY NUMBER 468-72-5705		5a. AGE: Last Birthday (years) 45
6. DATE OF BIRTH (Month, Day, Year) January 26, 1958		7. BIRTHPLACE (City and State or Foreign Country) Minneapolis, Minnesota		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:
9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence <input checked="" type="checkbox"/> Other (Specify): Former Residence		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No		9b. INSIDE CITY LIMITS? (Yes or No) Yes
9c. FACILITY NAME (If not institution, give street and number) 20204 Gulf Blvd. #7		9d. CITY, TOWN, OR LOCATION OF DEATH Indian Shores		9e. COUNTY OF DEATH Pinellas
10a. DECEDENT'S USUAL OCCUPATION Professional Wrestler	10b. KIND OF BUSINESS/INDUSTRY Wrestling	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Dale Watts	
13a. RESIDENCE - STATE Florida	13b. COUNTY Pinellas	13c. CITY, TOWN, OR LOCATION Seminole	13d. STREET AND NUMBER 14104 80th Avenue North	
13e. INSIDE CITY LIMITS? (Yes or No) No	13f. ZIP CODE 33776	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE - American Indian, Black, White, etc. Specify: White
17. FATHER'S NAME (First, Middle, Last) Arthur Hegstrand		18. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Riester		
19a. INFORMANT'S NAME (Type/Print) Dale Hegstrand		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14104 80th Avenue North Seminole, FL 33776		
20a. METHOD OF DISPOSITION Burial <input type="checkbox"/> <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pinellas Crematory		20c. LOCATION - City or Town, State Seminole, Florida
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>E. James Reese</i>		21b. LICENSE NUMBER (of Licensee) 1419	21c. NAME AND ADDRESS OF FACILITY E. James Reese Funeral Home, PA 6767 Seminole Blvd. Seminole, FL 33772	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>		23a. On the basis of examination and investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>[Signature]</i>		
22b. DATE SIGNED (Mo., Day, Yr) 12/31/03		22c. HOUR OF DEATH Found 1:46 A M		23b. DATE SIGNED (Mo., Day, Yr) 12/31/03
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) SUSAN IGNACIO, MD, ME, 10900 Ulmerton Rd., Largo, FL 33778		23c. MEDICAL EXAMINER'S CASE # 03.06.1201		
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) SUSAN IGNACIO, MD, ME, 10900 Ulmerton Rd., Largo, FL 33778		25a. SUBREGISTRAR - SIGNATURE AND DATE <i>Wendy Doughton</i>		
25b. LOCAL REGISTRAR - SIGNATURE <i>Wendy Doughton</i>		25c. DATE REGISTERED Jan 13, 2004		

, State Registrar

Date Issued: NOV 02 2004

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

WARNING:

DOH FORM 1946 (02-04)



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CERTIFICATION OF VITAL RECORD