

33892

STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		FLORIDA		CERTIFICATE OF DEATH RETURN TO		65-059732	
BIRTH NO. <i>COM 433369-Cardinal</i>		PIONEER NAT'L TITLE INS. CO.		STATE FILE NO.		REGISTRAR'S NO.	
1. PLACE OF DEATH a. COUNTY Pinellas		CODE NO. 33892		2. USUAL RESIDENCE a. STATE Florida		b. CITY, TOWN, OR LOCATION Tarpon Springs	
b. CITY, TOWN, OR LOCATION Tarpon Springs		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY, TOWN, OR LOCATION Tarpon Springs		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
4. NAME OF HOSPITAL OR INSTITUTION Tarpon Springs Hospital		4. STREET ADDRESS Orangewood Village 164 Grovewood Drive		4. DATE OF DEATH Month December Day 21 Year 1965			
3. NAME OF DECEASED (Type or print) William E. Conley		5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH Sept. 8, 1897		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		11. BIRTHPLACE (State or foreign country) Cumberland, Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Charlie Conley		14. MOTHER'S MAIDEN NAME Unobtainable		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE <i>Margaret H. Conley</i>		17. ADDRESS Tarpon Springs, Florida		18. CAUSE OF DEATH [Enter only one cause per line per (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) CONGESTIVE HEART FAILURE	
DUE TO (b) ASCVD		DUE TO (c) PULMONARY EMPHYSEMA CEREBRAL ARTERIOSECLEROSIS		INTERVAL BETWEEN ONSET AND DEATH 5 YRS.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		20c. TIME OF INJURY Hour Jan 1965 Month DEC Day 1965		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Tarpon Springs		20g. COUNTY Pinellas		20h. STATE Florida	
21. I attended the deceased from JAN 1965 to DEC 1965 and last saw him alive on 12/31/65		21a. SIGNATURE <i>[Signature]</i>		21b. ADDRESS Tarpon Springs		21c. DATE SIGNED 12/21/65	
23a. BURIAL, CREMATION, OR OTHER (Specify) Burial		23b. DATE 12-23-65		23c. NAME OF CEMETERY OR CREMATORY Cycadia Cemetery		23d. LOCATION (City, town, or county, State) Tarpon Springs, Florida	
24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		24. NAME Vinson Funeral Home Tarpon Springs		25. DATE RECD BY LOCAL REG 12-22-65		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

ESTABLISHED 1891
CERTIFIED COPY

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS OF THE FLORIDA STATE BOARD OF HEALTH AT JACKSONVILLE FLORIDA.

(NOT VALID UNLESS THE SEAL OF THE FLORIDA STATE BOARD OF HEALTH IS AFFIXED)

OCT 3 9 12 AM '65
RECORDED

Wilson T. Sawder, M.D.
STATE REGISTRAR

Everett H. Williams
DIRECTOR, BUREAU OF VITAL STATISTICS

SEP 10 1965

Charles Carter
DIRECTOR, DIVISION OF VITAL RECORDS

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