

Key 33 157-34
 Lt. 41 and to 1/2 of Lt. 42
 Blk 8, Franklin Addition

FILED

Violet Krewson
 6241 Jackson
 Blvd.
 46324

OCT 15 1982

604233

CERTIFICATE OF DEATH

FLORIDA *State of Florida* STATE FILE NO.

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO. <i>0054</i>		FLORIDA <i>State of Florida</i>		STATE FILE NO.	DATE OF DEATH (Mo., Day, Yr.)
DECEDENT—NAME FIRST MIDDLE LAST		SEX		AUDITOR LAKE COUNTY	
1. <i>William</i> KREWSON		2. <i>Male</i>		3. <i>Jan. 15, 1981</i>	
4. <i>White</i>	AGE—Last Birthday (Mo., Day, Yr.)	UNDER 1 YEAR (Mos., Days)	UNDER 1 DAY (Hours, Mins)	DATE OF BIRTH (Mo., Day, Yr.)	
	<i>69</i>			<i>Sept. 22, 1911</i>	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—None (If not in either, give street and number)		COUNTY OF DEATH	
7b. <i>Ocala</i>		<i>9415 S.W. 32 Terr.</i>		<i>Marion</i>	
8. <i>Iowa</i>	CITIZEN OF WHAT COUNTRY	10. <i>Married</i>	SURVIVING SPOUSE (If wife, give maiden name)		
	<i>U.S.A.</i>		<i>Violet Sammons</i>		
12. <i>306-10-0732</i>		13a. <i>Cement Finisher</i>		13b. <i>Construction</i>	
RESIDENCE—STATE COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER	
<i>Florida Marion</i>		<i>Ocala</i>		<i>149415 S.W. 32 Terr.</i>	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		INSIDE CITY LIMITS (Specify Yes or No)	
15. <i>George Krewson</i>		16. <i>Ann Foe</i>		<i>No</i>	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			
17a. <i>William C. Krewson</i>		17b. <i>4328 N.E. 12th St. Ocala, Florida 32671</i>			
18a. <i>Cremation</i>		18b. <i>Colonial Crematory</i>		18c. <i>Gainesville, Florida</i>	
19a. <i>[Signature]</i>		FUNERAL HOME ADDRESS			
		<i>BRUCE OCALA F. H. 2739 S.E. Mari Camp Rd. Ocala, Fla.</i>			
20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21a. On the basis of examination and/or investigation, death occurred at the time, date and place and due to the cause(s) stated.			
(Signature and Title) <i>[Signature]</i>		(Signature and Title) <i>[Signature]</i>			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
20b. <i>[Blank]</i>		<i>M</i>			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		21b. <i>Jan 16, 1981</i>		21c. <i>4:30 P.M.</i>	
		21d. <i>Jan 15, 1981</i>		21e. <i>8:07 P.M.</i>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print)		22. <i>GERTRUDE E. WARNER MD. P.O. Box 506, Ocala, Florida 32678</i>			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
23a. (Signature) <i>Nettie G. Smith</i>		23b. <i>Jan 19, 1981</i>			
24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
PART I (a) <i>FRACTURE OF SKULL WITH LACERATION OF BRAIN, & INTRACRANIAL HEMORRHAGE</i>		Interval between onset and death			
(b) <i>SELF INFLICTED GUNSHOT WOUND TO HEAD</i>		Interval between onset and death			
(c) <i>[Blank]</i>					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)	
<i>Adenocarcinoma of stomach with widespread metastasis</i>		25. <i>YES</i>		26. <i>YES</i>	
(Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
27a. <i>SUICIDE</i>		<i>JAN 15 1981</i>		<i>1:30 PM</i>	
27b. <i>[Blank]</i>		27c. <i>[Blank]</i>		27d. <i>SHOT SELF BEHIND RT EAR WITH 32 CAL.</i>	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At Home, farm, street, factory, office building, etc. (Specify)		LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
27e. <i>NO</i>		<i>HOME</i>		<i>9415 S.W. 32nd Terrace, Ocala, Florida</i>	

5204
 DECEDENT

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

HRS Form 512, Jan. 1979 (Replaces GPCVS Form VS#612)

I hereby certify the above to be a true and correct copy of the local Registrar's record on file at the Marion County Health Unit in Ocala, Florida.

(WARNING: NOT VALID UNLESS THE RAISED SEAL OF THE MARION COUNTY HEALTH UNIT IS AFFIXED.)

George M. Warner, M.D.
 Director, Marion Co. Health Unit

Nettie G. Smith
 Chief Deputy Registrar

011981
 Date issued

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