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Carroll & Donaldson

854609
State of Florida
Health and Rehabilitative Services
VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO.
LOCAL FILE NO.

CHICAGO TITLE INSURANCE COMPANY Sec 6-34-8 Key 7-4-13
INDIANA DIVISION

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT—NAME 1. HELEN MARIE WINTERFIELD		SEX 2. Female	DATE OF DEATH Dec. 22, 1979
RACE—(e.g., White, Black, Am. Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Mo., Day, Yr.) 5a. 76	UNDER 1 YEAR 5b. MOS.	UNDER 1 DAY 5c. HOURS MIN.
CITY, TOWN OR LOCATION OF DEATH 7b. Pompano Beach		HOSPITAL OR OTHER INSTITUTION—(Name (if not in either, give street and number)) 7c. North Broward Hospital	
STATE OF BIRTH (if not in U.S., name country) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. U.S.A	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Widowed	SURVIVING SPOUSE (if wife, give maiden name) 11. None
SOCIAL SECURITY NUMBER 12. 304-52-9227		KIND OF BUSINESS OR INDUSTRY 13b. Chicago Public School Sys	
RESIDENCE—STATE 14a. Florida	COUNTY 14b. Broward	CITY, TOWN OR LOCATION 14c. Pompano Beach	STREET AND NUMBER 14d. 361 NW. 25th Ct.,

DECEDENT

PARENTS

FATHER—NAME—FIRST MIDDLE LAST 15. Thomas Fitzgerald	MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Mary Lane
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DISPOSITION

INFORMANT—NAME (Type or Print) 17. Mrs. Mary Lou Olson	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 17b. 371 NW. 25th Court, Pompano Beach, Florida 33064
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18a. Burial	CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE 18b. Forest Lawn Mem. Gardens 18c. Pompano Beach, Florida
FUNERAL DIRECTOR—(Signature) 19a. Michael R. Kus-1913	FUNERAL HOME 19b. R. Jay Kraeer 1199 NE. 36th St., Pompano Bch., Florida

CERTIFIER

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Clyde T. Stoner, M.D.</i>		21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.) 20b. Dec. 24, 1979	HOUR OF DEATH 20c. 11:48 A. M	DATE SIGNED (Mo., Day, Yr.) 21b.	HOUR OF DEATH 21c.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 20d.		21d. ON 21e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print) 22. Dr. Clyde T. Stoner, 3170 N. Federal Hwy., Pompano Beach, Florida 33064			

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

REGISTRAR 23a. (Signature) <i>Ruby Lister</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 23b. Dec. 24, 1979		
24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART (a) DUE TO, OR AS A CONSEQUENCE OF: <i>Cerebral metastasis</i>			
PART (b) DUE TO, OR AS A CONSEQUENCE OF: <i>Carcinoma lung</i>			
PART (c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
(Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify) 27a.	DATE OF INJURY (Mo., Day, Yr.) 27b.	HOUR OF INJURY 27c.	DESCRIBE HOW INJURY OCCURRED 27d.
INJURY AT WORK (Specify Yes or No) 27e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 27f.	LOCATION 27g.	STREET OR R.F.D. No. CITY OR TOWN STATE

CAUSE OF DEATH

HRS Form 512, Jan. 1979 (Replaces OPC's Form VS-612)

RECORDER
MAY 10 1 18 PM '80
CLERK

KEY 7-4-13
Pt. SW SW S. 6734 R. 8
2-22 AC

CERTIFIED COPY

I hereby certify the above to be a true and correct copy of the Local Registrar's record on file in the Broward County Health Department at Fort Lauderdale, Florida. (Warning—Not valid unless raised seal of the Broward County Health Dept. is affixed.)

FILED

Pauline Hughes

County Health Officer and Local Registrar

Ruby Lister, Deputy
Chief Deputy Local Registrar

1-28-80

MAY 16 1986

AUDITOR LAKE COUNTY

462-A

4.00/13