

417387 LD 0-4140

CERTIFIED COPY Carroll & Donaldson

I hereby certify the attached 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)

854610

9-9-82



Paul W. Hughes  
County Health Officer and Local Registrar

Doris Owens, Chief Deputy Registrar  
Chief Deputy Local Registrar

CHICAGO TITLE INSURANCE COMPANY  
INDIANA DIVISION

CERTIFICATE OF DEATH  
FLORIDA

STATE FILE NO. MAY 19 1982  
RECORDED  
FILED

Form with fields for: LOCAL FILE NO., DECEDENT-NAME (Nora M. Haferbecker), SEX (Female), DATE OF DEATH (Sept. 5, 1982), RACE (White), AGE (86), DATE OF BIRTH (Feb. 28, 1896), COUNTY OF DEATH (Broward), CITY OF DEATH (Pompano Beach), HOSPITAL (Colonial Palms Convalescent Center), STATE OF BIRTH (Illinois), CITIZEN (USA), MARRIED (Widow), SOCIAL SECURITY NUMBER (324-07-8613), USUAL OCCUPATION (Homemaker), KIND OF BUSINESS (Own Home), RESIDENCE (Florida, Broward, Pompano Beach, 371 N.W. 25th Court), FATHER (Thomas Fitzgerald), MOTHER (Mary Lane), INFORMANT (Mary Lou Olson), MAILING ADDRESS (371 N.W. 25th Court, Pompano Beach, Florida 33064), BURIAL (Forest Lawn Memorial Gardens), FUNERAL HOME (Kraeer Funeral Home), CERTIFIER (Clyde T. Stoner), REGISTRAR (Evelyn Glynn), IMMEDIATE CAUSE (Cerebral vascular accident), DUE TO (arterio sclerotic changes), OTHER SIGNIFICANT CONDITIONS (MAY 16 1986), INJURY AT WORK (No), PLACE OF INJURY (Home), DATE OF INJURY, HOUR OF INJURY, DESCRIBE HOW INJURY OCCURRED, INJURY AT WORK (No), PLACE OF INJURY (Home), DATE OF INJURY, HOUR OF INJURY, DESCRIBE HOW INJURY OCCURRED, INJURY AT WORK (No), PLACE OF INJURY (Home), DATE OF INJURY, HOUR OF INJURY, DESCRIBE HOW INJURY OCCURRED.

Part Sec 6-34-8 Key 7-4-13  
TYPE OR PRINT IN PERMANENT BLACK INK  
2-22-90  
1616

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

PARENTS  
303

DISPOSITION

CERTIFIER

CAUSE OF DEATH

4.00  
463