

CERTIFICATE OF DEATH
FLORIDA

41930

TYPE OF PRINT IN PERMANENT BLACK INK
2102

LOCAL FILE NO. 861647

DECEASED—NAME FIRST MIDDLE LAST: ALBERT DYKSTRA

SEX: Male

DATE OF DEATH (Mo., Day, Yr.): Jan. 27, 1983

RACE: White

AGE—Last Birth Day (Mo., Day, Yr.): 55

DATE OF BIRTH (Mo., Day, Yr.): Sept. 21, 1927

CITY, TOWN OR LOCATION OF DEATH: Naples

HOSPITAL OR OTHER INSTITUTION (Name (If not in either, give street and number)): Naples Community Hospital

STATE OF BIRTH (If not in U.S., name country): Illinois

CITIZEN OF WHAT COUNTRY: USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

SURVIVING SPOUSE (If wife, give maiden name): Joan Coldwell

SOCIAL SECURITY NUMBER: 310 22 9607

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed

FIELD OF BUSINESS OR INDUSTRY: Trucking

RESIDENCE—STATE: Indiana

COUNTY: Lake

CITY, TOWN OR LOCATION: Schererville

STREET AND NUMBER: 524 Stephen Drive

INSIDE CITY LIMITS (Specify Yes or No): yes

FATHER—NAME FIRST MIDDLE LAST: Jacob Dykstra

MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Jeltje Brander

INDICATE NAME (Type or Print): Mrs. Joan Dykstra

MAILING ADDRESS: 524 Stephen Drive, Schererville, Indiana 46375

TYPICAL, CREMATION, REMOVAL, OTHER (Specify): REMOVAL

CITY OF TOWN STATE: Monce, Illinois

TYPICAL DECEASED—Signature: *Paul A. Miller*

FUNERAL HOME ADDRESS: HODGES FUNERAL CHAPEL 3520 9th St. N, Naples, Fla. 33940

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): *Heinrich O.E. Schmid*

DATE SIGNED (Mo., Day, Yr.): 1-29-83

HOUR OF DEATH: Unknown

20b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

20c. M

20d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): HEINRICH O.E. SCHMID M.D. 1300 3rd St. S, Naples, Florida 33940

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): *Heinrich O.E. Schmid*

DATE SIGNED (Mo., Day, Yr.): 1-29-83

HOUR OF DEATH: Unknown

21b. P

21c. M

21d. ON 1-27-83

21e. AT 2:15 P. M.

REGISTRAR: Patricia Ann Paulch Subray

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): Jan. 31, 1983

24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART (a) I

(a) drowning

DUE TO, OR AS A CONSEQUENCE OF:

(b) severe blunt head injury

DUE TO, OR AS A CONSEQUENCE OF:

PART (b) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

II

25. yes

26. CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): yes

(Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify): Accident

DATE OF INJURY (Mo., Day, Yr.): 1-27-83

HOUR OF INJURY: 1:30 P. M.

DESCRIBE HOW INJURY OCCURRED: hit head on post and was partially ejected

INJURY AT WORK (Specify Yes or No): no

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): waterway

LOCATION: Indian Key Channel Marker 7

CITY OR TOWN: Collier

STATE: Florida

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

CAUSE OF DEATH

HRS Form 512, Jan. 1979 (Replaces OCVS Form 12-612)

CERTIFIED COPY

FILED

I hereby certify the above to be a true and correct copy of the record on file in the Collier County Health Department at Naples, Collier County, Florida. (Not valid unless the seal of the Collier County Health Department is affixed.)

LAWYERS TITLE INS. CORP.
7035 BROADWAY
MERRILLVILLE, IN 48410

Local Registrar of Vital Statistics
Collier County, Florida

Date: Feb 15, 1983

By: *James H. Hamphreys*

Stephens Shady Oaks, Rt 8 #13-136-8

Bad Original