

STATE OF FLORIDA

997589

OFFICE of VITAL STATISTICS

Sharon A. Jernigan  
675 Miller Ave  
Ray 4683

CERTIFICATE OF DEATH  
FLORIDA

TYPE OR PRINT PERMANENT BLACK INK / SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NO. 997589

DECEDENT—NAME FIRST MIDDLE LAST: Stanley J. Sowinski

SEX: Male

DATE OF DEATH (Mo. Day, Yr.): August 8, 1987

RACE—e.g. White, Black, Am. Indian etc. (Specify): White

AGE—Last Birthday (Yrs): 71

UNDER 1 YEAR MOS: 71

UNDER 1 DAY: 71

DATE OF BIRTH (mo. Day, Yr.): 6 October 22, 1915

CITY, TOWN OR LOCATION OF DEATH: Lake

HOSPITAL OR OTHER INSTITUTION Name (if not in other, give street and number): Waterman Medical Center

IF HOSP OR INST (Indicate DOA OP/Emer. Rm. Inpatient) (Specify): 7d Emer. Rm.

STATE OF BIRTH (if not in U.S.A. name country): Pennsylvania

CITIZEN OF WHAT COUNTRY: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 10 Married

SURVIVING SPOUSE (if wife, give maiden name): 11 Helen Witzczak

SOCIAL SECURITY NUMBER: 12 313-07-9628

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 13a Owner

KIND OF BUSINESS OR INDUSTRY: 13b Pink Top Mobile Park

WAS DECEDENT EVER IN U.S. ARMED SERVICES: 13c YES  NO

RESIDENCE—STATE: 14a Florida

COUNTY: 14b Lake

CITY, TOWN OR LOCATION: 14c Tavares

STREET AND NUMBER: 14d Route 3, Box 426

INSIDE CITY LIMITS (Specify Yes or No): 14e No

FATHER—NAME FIRST MIDDLE LAST: 15 Vincent Sowinski

MOTHER—NAME FIRST MIDDLE MAIDEN: 16 Eva Sharnek

INFORMANT—NAME (Type or Print): 17a Mrs. Helen Sowinski

MAILING ADDRESS: 17b Route 3, Box 426, Tavares, Florida 32778

BURIAL, CREMATION, REMOVAL, OTHER (Specify): 18a Burial

CEMETERY OR CREMATORY—NAME: 18b Lakeside Memory Gardens

LOCATION: 18c Eustis, Florida

FUNERAL DIRECTOR—(Signature): 18d *Harmon C. Stinson*

FUNERAL HOME ADDRESS: 19b Steverson Funeral Home, Box 557, Tavares, Florida 32778

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): *George R. Ikeler*

DATE SIGNED (Mo., Day, Yr.): *8/10/87*

20b. *8/10/87*

HOUR OF DEATH: 20c 10:16 P. M.

20d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): 22 Dr. George Ikeler, 720 North Bay Street, Eustis, Florida

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): *George R. Ikeler*

DATE SIGNED (Mo., Day, Yr.): *8/10/87*

21b. PRONOUNCED DEAD (Mo., Day, Yr.):

21c. PRONOUNCED DEAD (Hour):

21d. ON:

21e. AT:

REGISTRAR: 23a (Signature) *M. Ruth Mickler*

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 23b AUG 11 1987

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

PART I (a) *Acute myocardial infarction* Interval between onset and death: *Immediate*

DUE TO, OR AS A CONSEQUENCE OF (Condition(s) which give rise to cause (a) — List underlying cause last)

(b) *Hypertension* Interval between onset and death:

(c) Interval between onset and death:

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

PART III IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes  No

AUTOPSY (yes or no): 25 No

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

IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED

DATE OF SURGERY (Mo., Day, Yr.):

27a (Probably) ACCIDENT, SUICIDE or HOMICIDE or UNDETERMINED (Specify):

DATE OF INJURY (Mo., Day, Yr.): 27b

HOUR OF INJURY: 27c

DESCRIBE HOW INJURY OCCURRED: 27d

INJURY AT WORK (Specify Yes or No): 28a

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 28b

LOCATION: 28c

STREET OR R.F.D. NO.: 28d

CITY OR TOWN: 28e

STATE: 28f

Ray # 46-41-17 Miller Newville 217 BLH

SEP 15 1 33 PM '88

RECORDER, LAKE COUNTY  
CROWN POINT, INDIANA 46307  
FILED FOR RECORD

FILED

SEP 15 1988

*Alex N. Anton*  
AUDITOR LAKE COUNTY

CERTIFIED COPY

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

AUG 11 1987

BY: *M. Ruth Mickler*

OLIVER H. BOORDE  
State Registrar  
Office of Vital Statistics

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CERTIFICATION OF VITAL RECORD

