

OFFICE of VITAL STATISTICS

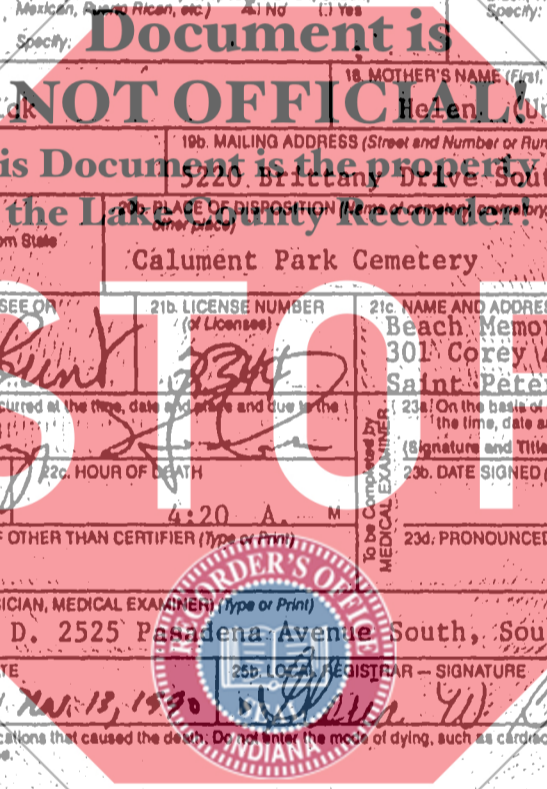
CERTIFIED COPY

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CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last) John Rabick		2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) November 10, 1990	4. SOCIAL SECURITY NUMBER 306-09-0389	5a. AGE - Last Birthday (years) 78	5b. UNDER 1 YEAR Months: _____ Days: _____
6. DATE OF BIRTH (Month, Day, Year) February 12, 1912	7. BIRTHPLACE (City and State or Foreign Country) Barnesboro, Pennsylvania		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			9b. INSIDE CITY LIMITS? (Yes or No) No
9c. FACILITY NAME (If not institution, give street and number) 5220 Brittany Drive South #1207		9d. CITY, TOWN, OR LOCATION OF DEATH Saint Petersburg	9e. COUNTY OF DEATH Pinellas
10a. DECEDENT'S USUAL OCCUPATION Loader	10b. KIND OF BUSINESS/INDUSTRY Gary Works U.S. Steel	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Elizabeth Fejes
13a. RESIDENCE - STATE Florida	13b. COUNTY Pinellas	13c. CITY, TOWN, OR LOCATION Saint Petersburg	13d. STREET AND NUMBER 5220 Brittany Drive South #1207
13e. INSIDE CITY LIMITS? (Yes or No) No	13f. ZIP CODE 33715	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	15. RACE - American Indian, Black, White, etc. Specify: White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary: 12 College (1, 2 or 3): _____		17. FATHER'S NAME (First, Middle, Last) Peter Rabick	
18. MOTHER'S NAME (First, Middle, Maiden Surname) Helen (Unobtainable)		19a. INFORMANT'S NAME (Type/Print) Elizabeth Rabick	
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5220 Brittany Drive South #1207, St. Petersburg, FL 33715		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, cemetery, or other place) Calumet Park Cemetery		20c. LOCATION - City or Town, State Merrillville, Indiana	
21a. SIGNATURE OF FUNERAL SERVICE LICENTEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (of Licensee) 2334	21c. NAME AND ADDRESS OF FACILITY Beach Memorial Chapel 301 Corey Avenue Saint Petersburg Beach, Florida 33706
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.) 11-12-90	
22c. HOUR OF DEATH 4:20 A. M.		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gregory S. Linden M. D. 2525 Pasadena Avenue South, South Pasadena Florida 33707	
23a. 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) and manner as stated. (Signature and Title) <i>[Signature]</i>		23b. DATE SIGNED (Mo., Day, Yr.) 11-13-90	
23c. PRONOUNCED DEAD (Mo., Day, Yr.) 11-13-90		23d. PRONOUNCED DEAD (Hour) M	
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Gregory S. Linden M. D. 2525 Pasadena Avenue South, South Pasadena Florida 33707			
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>[Signature]</i> Nov 13, 1990		25b. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i> Nov 13, 1990	
25c. DATE REGISTERED Nov 13, 1990		26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Cardiac arrest	
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. DUE TO (OR AS A CONSEQUENCE OF): Ischemic Heart Disease	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.		b. DUE TO (OR AS A CONSEQUENCE OF): _____	
c. DUE TO (OR AS A CONSEQUENCE OF): _____		d. DUE TO (OR AS A CONSEQUENCE OF): _____	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Hypertension		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No	27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF THIS CERTIFICATE? No
27c. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) No		28. DATE OF SURGERY (Mo., Day, Year) APR 19 1991	
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (YES - NO)	30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED. Abdominal		30b. DATE OF SURGERY (Mo., Day, Year) APR 19 1991
31. PROBABLE MANNER OF DEATH (Specify) Accident, suicide or homicide, or undetermined. NATURAL	32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY M	32c. INJURY AT WORK? (Yes or No)
32d. DESCRIBE HOW INJURY OCCURRED: None		32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) At home	
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5220 Brittany Drive South #1207, Saint Petersburg, FL 33715		32g. COUNTY OF INJURY Pinellas	



FILED

Meadowland Est. Pt. 2 of Unit 2
Pt 3 of Unit 2

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THE OFFICE OF THE STATE REGISTRAR, PINELLAS COUNTY, FLORIDA.
November 13, 1990
BY: *[Signature]* Chief Deputy Registrar, Pinellas County
OLIVER H. BOORDE State Registrar



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