

79-133-H H.R. Kneifel, Sr.
P.O. Box 427, Hobart, In.

ORANGE COUNTY HEALTH DEPARTMENT

832 WEST CENTRAL BOULEVARD • POSTOFFICE BOX 3187 • TEL: 420-3335 • ORLANDO, FLORIDA 32802
91055454

CERTIFICATE OF DEATH

Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

FLORIDA

STATE FILE NO. _____
REGISTRAR'S NO. **76 1847**

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
Joseph A. Holding					Male	June 18, 1976	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
White		64		MOS	DAYS	Nov. 12, 1911	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
Orlando		Yes		Orange Memorial Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
Pennsylvania		USA		Married		Bernice Snedden	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
		Retired Supervisor		Inland Steel Production			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
Indiana		Lake		Hobart		Yes	
FATHER—NAME		FIRST	MIDDLE	LAST	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	STREET AND NUMBER	
Joseph W. Holding					Married	129 Michigan Ave	
INFORMANT—NAME		MARRIAGE ADDRESS		CITY, STATE, ZIP			
Mrs. Bernice Holding		129 Michigan Avenue, Hobart, Indiana		47403			
PART I. DEATH WAS CAUSED BY		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)					
18. IMMEDIATE CAUSE		the Lake County Recorder!					
(a) Acute myocardial infarction		DUE TO, OR AS A CONSEQUENCE OF:					
(b) Hypertensive arteriosclerotic cardiovascular disease		DUE TO, OR AS A CONSEQUENCE OF:					
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
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)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
						OCT 30 1991	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
CERTIFICATION—PHYSICIAN		MONTH		DAY		YEAR	
I attended the deceased from		TO		AND LAST SAW HIM/HER ALIVE ON		DECEASED AT THE PLACE, ON THE (MONTH) (DAY) (YEAR), AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED	
21b. DECEASED FROM		21b		21b		21b	
CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUSE OF DEATH		THE DECEDENT WAS PROHOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)	
22a. T.F. Hegert, M.D., District 9 ME.		3:08 a.m.		June 18, 1976		3:08 a.m.	
22b. Medical Examiner's Office		1323 South Orange Avenue		Orlando, Florida		32806	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION (CITY OR TOWN, STATE)			
24a. Rem-Burial		24b. Ridgelawn Cemetery		24c. Lake County, Illinois			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
24d. June 19, 1976		24e. Carey Hand Funeral Chapel, 36 W. Pine St., Orlando, Florida					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY REGISTRAR (MONTH, DAY, YEAR)			
25b. Edward P. Bennett		25a. Ella M. Laby		25c. JUN 24 1976			



TICOR TITLE INSURANCE
Crown Point, Indiana

16 # 650-71-571
Wood's Add S. 60 ft L. 22
ex. E 175 ft
Key # 18-194-66; unit # 27

CERTIFIED COPY

I hereby certify the above to be a true and correct copy of the Local Registrar's record on file in the Orange County Health Department, Orlando, Florida.

John F. Mc Garry M.D.
County Health Director and Local Registrar

Ella M. Laby
Chief Deputy Registrar

JUN 24 1976
Date Issued

WARNING: Not valid unless raised seal of the Orange County Health Department is affixed.