

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

92001607

CERTIFIED COPY

William Coppell
10115 MAIN
CROWN POINT, TN
11/23/91

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. _____

DECLINENT Surname: **Della** I Middle: **Pierce** Last: _____ Sex: **Female**

3 DATE OF DEATH (Month Day Year): **November 17, 1991** 4 SOCIAL SECURITY NUMBER: **310-22-9471** 5a AGE (last birthday) (month) **94** 5b UNDER 1 YEAR: _____ 5c UNDER 1 DAY: _____

8 DATE OF BIRTH (Month Day Year): **August 04, 1897** 7 BIRTHPLACE (City and State or Foreign Country): **Chicago, Illinois** 8 WAS DECEDENT EVER IN U.S. ARMED SERVICES (Yes or No): **NO**

9a PLACE OF DEATH (Check only one - see instructions on other side) _____ 9b INSIDE CITY LIMITS (Yes or No): **Yes**

10a HOSPITAL (Inpatient) (Outpatient) (DOA) OTHER (Nursing Home) (Residence) (Other (Specify)) _____ 10b FACILITY NAME (If not institution, give street and number): **Hallandale Rehabilitation Center** 10c CITY, TOWN OR LOCATION OF DEATH: **Hallandale** 10d COUNTY OF DEATH: **Broward**

11 DECEASED'S USUAL OCCUPATION: **Homemaker** 11a KIND OF BUSINESS/INDUSTRY: **Own Home** 11b MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Widowed** 12 SURVIVING SPOUSE (If not, give maiden name): _____

13a RESIDENCE - STATE: **Florida** 13b COUNTY: **Broward** 13c CITY, TOWN OR LOCATION: **Hollywood** 13d STREET AND NUMBER: **2507 Arthur Street**

14a INSIDE CITY LIMITS (Yes or No): **Yes** 14b ZIP CODE: **33020** 14c RACE: **White** 14d HIGHEST GRADE OF EDUCATION (If not, give highest grade completed): **10**

17 FATHER'S NAME (Last, Middle, First) (Unavailable) **Ellfeldt** 17b MOTHER'S NAME (Last, Middle, Maiden Surname) (Unavailable) _____

19a INFORMANT'S NAME (Last, First) **Betty Lloyd** 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) _____

20a METHOD OF DISPOSITION (1) Burial, (2) Cremation, (3) Removal from State, (4) Donation, (5) Other (Specify): _____ 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Hollywood Memorial Gardens** 20c LOCATION - City or Town, State: **Hollywood, Florida**

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON IN CHARGE: _____ 21b LICENSE NUMBER (of Licensee): **1976** 21c NAME AND ADDRESS OF FACILITY: **Fred Hunter Funeral Home, 140 S. Dixie Highway Hollywood FL 33020**

22a In the best of my knowledge, death occurred at the time, date and place and due to the (Cause(s) as stated) **Diagnosed as follows: Dingo fallen, MD.** 22b DATE SIGNED (Mo., Day, Year): **11/18/91** 22c HOUR OF DEATH: **8:35 A**

23a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **Diego Fallon, MD, 2216 Hollywood Blvd, Hollywood, Florida** 23b DATE SIGNED (Mo., Day, Year): **11/18/91** 23c HOUR OF DEATH: _____ 23d PRONOUNCED DEAD (Mo., Day, Year): _____ 23e PRONOUNCED DEAD (hour): _____

24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): **Diego Fallon, MD, 2216 Hollywood Blvd, Hollywood, Florida** 24a SUBREGISTRAR - SIGNATURE AND DATE: **Oliver H. Boorde, 11/18/91** 24b LOCAL REGISTRAR - SIGNATURE: **Oliver H. Boorde, 11/18/91** 24c DATE REGISTERED: **NOV 20 1991**

25 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter only the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (If not specified, resulting in death): **myocardial infarction**
DUE TO (OR AS A CONSEQUENCE OF): _____
Sequence of all conditions, if any, leading to immediate cause: **Ischemic Heart Disease**
CAUSE (Disease or Injury) not included above resulting in death: _____
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: **Impaction - Anemia**

27a WAS AN AUTOPSY PERFORMED? (Yes or No): **No** 27b WERE ANY TOXIC FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No): _____ 28 CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): **No**

29 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 5 MONTHS? **NO** 30a IF SURGERY IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED: _____ 30b DATE (Month, Day, Year): _____

31 PROBABLE MANNER OF DEATH (If not natural, specify): _____ 32a DATE OF INJURY (Month, Day, Year): _____ 32b TIME OF INJURY: _____ 32c INJURY AT WORK? (Yes or No): **No** 32d DESCRIBE HOW INJURY OCCURRED: _____

32e PLACE OF INJURY - At home, farm, street, factory, etc. (Specify): _____ 32f LOCATION (Street and Number or Rural Route Number, City or Town, State): **JAN 9 1992**

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Key# 10-0-24
SE Cor. 3214
509 T-35-R-9 50AC

JAN 9 11 55 AM '92

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE ORIGINAL RECORD OF THIS OFFICE
AUSTON LAKE COUNTY

NOV 21 1991

OLIVER H. BOORDE
State Registrar

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