STATE OF FLORIDA

OFFICE of VITAL STATISTICS

92036082 CERTIFIED COPY

COMMUNITY TITLE CO.
FILE NO. L-4446

LOCAL FILE NO. 91 2837

CERTIFICATE OF DEATH
FLORIDA

1. DECEDENT'S NAME (First, Middle, Last)			2. SEX
Arthur	Clair	Lawson	Male

3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months	5b. UNDER 1 YEAR Days	5c. UNDER 1 Day Hours	5c. UNDER 1 Day Minutes
July 5, 1991	314-24-0680	64				

6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
June 3, 1927	Gary, Indiana	Yes

9a. PLACE OF DEATH (Check only one. See instructions and other side)
HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☒ DOA OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b. INSIDE CITY LIMITS? (Yes or No): No

9c. FACILITY NAME (If not institution, give street and number)	9d. CITY, TOWN, OR LOCATION OF DEATH	9e. COUNTY OF DEATH
ORMC/Sand Lake Division	Orlando	Orange

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
Police Officer	Law Enforcement	Married	Irene Kapica

13a. RESIDENCE — STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Florida	Orange	Orlando	8410 Shady Glen Drive

13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	15. RACE — American Indian, Black, White, etc. Specify:	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	16. DECEDENT'S EDUCATION College (1-4 or 5 or more)
No	32819	☒ No ☐ Yes Specify:	White	10	14

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Arthur Lawson	Clara Minten

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Irene Lawson	8410 Shady Glen Drive, Orlando, Florida 32819

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION — City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Woodlawn Memory Lake Garden	Orlando, Florida

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY
[signature]	#3075	Woodlawn Funeral Home P. O. Drawer 585627, Orlando, FL 32858

To be Completed by CERTIFYING PHYSICIAN Only

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) ▶

22b. DATE SIGNED (Mo., Day, Yr.)

22c. HOUR OF DEATH M

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER

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) ▶ [signature]

23b. DATE SIGNED (Mo., Day, Yr.): July 6, 1991

23c. HOUR OF DEATH: 1:33 P M

23d. PRONOUNCED DEAD (Mo., Day, Yr.): July 5, 1991

23e. PRONOUNCED DEAD (Hour): 1:33 P M

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): T.F. HEGERT, M.D., CHIEF DIST. 9 M.E., 1401 Lucerne Terrace, Orlando, FL 32806

25a. SUBREGISTRAR — SIGNATURE AND DATE	25b. LOCAL REGISTRAR — SIGNATURE	25c. DATE REGISTERED
[signature] 7/8/91	[signature] DEPUTY REGISTRAR	JUL - 9 1991

26. PART I. Enter the disease(s), 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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Acute myocardial infarction	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	DUE TO (OR AS A CONSEQUENCE OF): b. Hypertensive arteriosclerotic cardiovascular disease	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	27a. WAS AN AUTOPSY PERFORMED? (Yes or No)	27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)
Cerebrovascular accident; old, diabetes mellitus	No	No	Yes

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.	30b. DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify) Accident, suicide or homicide; or undetermined.	32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY M	32c. INJURY AT WORK? (Yes or No)	32d. DESCRIBE HOW INJURY OCCURRED
Natural				

32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)

32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

FILE

OH KEY 15-356-4

MAY 29 1992

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

01439v

JUL 09 1991

Sheri McDonald
CHIEF DEPUTY REGISTRAR

Dana N. Anton
AUDITOR LAKE COUNTY

OLIVER H. BOORDE
State Registrar

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HRS FORM 1504A (6-88)

CERTIFICATION OF VITAL RECORD