

STATE OF FLORIDA

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OFFICE OF LAKE COUNTY
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MAHONRIE L. LITTLEWOOD
RECORDER

95031226

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. 0199

1 DECEASED - NAME: John J. Sefton, SEX: Male, DATE OF DEATH (Mo., Day, Yr.): Jan. 20, 1987

2 RACE - e.g. White, Black, Am. Indian, etc. (Specify): White, AGE - Last Birthday (Yr.): 63, UNDER 1 YEAR: M/79, UNDER 1 DAY: L/65, DATE OF BIRTH (Mo., Day, Yr.): July 24, 1923, COUNTY OF DEATH: Manatee

3 CITY, TOWN OR LOCATION OF DEATH: Bradenton, HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number): Manatee Memorial Hospital, IF HOSP. OR INST. (Indicate DOA, OP, Emer. Rm., Hospital, Specify): OP/Emer. Rm.

4 STATE OF BIRTH (If not in U.S., name country): Scotland, CITIZEN OF THIS COUNTRY: USA, MARRIED, NEVER MARRIED, DIVORCED, OR SEPARATED: Married, SURVIVING SPOUSE (If wife, give maiden name): Jane Smith

5 SOCIAL SECURITY NUMBER: 317-14-8759, 13a OCCUPATION (Indicate most of working life, even if retired): Contractor, 13b KIND OF BUSINESS OR INDUSTRY: Real Estate

6 RESIDENCE - STATE: Indiana, COUNTY: Lake, CITY, TOWN OR LOCATION: Munster, STREET AND NUMBER: 1141 MacArthur, INSIDE CITY LIMITS (Specify Yes or No): Yes

7 FATHER - NAME: John J. Sefton, MOTHER - MAIDEN NAME: Mary Duff

8 DECEASED - NAME (Type or Print): Jane Sefton, MAILING ADDRESS: 1141 MacArthur, Munster, Indiana 46321

9 BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal, (10) CEMETERY OR CREMATORY - NAME: Elmwood Cemetery, LOCATION: Hammond, Indiana

10a FLUNERAL DIRECTOR (Signature): [Signature], FUNERAL HOME: Palmetto Funeral Home 204 7th St. Palmetto, Fla. 33561

11a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title): [Signature], DATE SIGNED (Mo., Day, Yr.): Jan. 26, 1987, HOUR OF DEATH: 3:43 A.M.

11b 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): [Signature], DATE SIGNED (Mo., Day, Yr.): Jan. 20, 1987, HOUR OF DEATH: 3:43 A.M.

12a NAME (If attending physician if other than certifier (Type or Print): James C. Wilson, M.D., A.M.E., 2001 Webber St., Sarasota, Florida 33579

13a REGISTRAR (Signature): [Signature], DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): Jan. 28, 1987

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

SAM ORLICH
RECORDER LAKE COUNTY
JAN 20, 1988

BY: [Signature]

OLIVER H. BOORDE
State Registrar

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