Pind Grogloth Office of VITAL STATE P.O. Box 10531
Menglikille 46410 CERTIFIED COPY

OFFICE OF VITAL STATISTICS

October 22, 1993 A DATE OF BIRTH (Month, Day Ner)	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	State or Foreign Country)	70	E WAS DECEDENT SARE U
July 2, 1923 THE PLACE OF DEATH (Check only one: see instruction		Indiana		NO NO INSIDE CITY LIMITS! (M
HOSPITAL: D Ingesters CI ER/Outpetiers CI DOA so, FACILITY NAME (If not institution, give street and no		Residence ClOther (S)		No 99. COUNTY OF DEATH
19650 Immokalee Rd.		Naples		Collier
	of Businessandustry	 MARITAL STATUS — Ma Never Married, Widowed Divorced (Specify) 	rried, 12 SURVIVING SPOU t,	SE (If wife, give maiden name)
Bus Mechanic Trans	portation	Yes		lean Tobey
134. RESIDENCE — STATE 135. COUNTY	13c. CITY, TOWN, OR LO		13d. STREET AND NUMBER	
Florida Collier	Napl		19650 Immokal	
136. INSIDE CITY 131. ZIP CODE 14. W (S	AS DECEDENT OF HISPANIC O pecify No or Yes — If yes, specify sxican, Puerto Rican, etc.)	R HAITIAN ORIGIN? Haitian, Cuban, No D Yes	15. RACE — American indian, Black, White, etc. Specify:	16. DECEDENT'S EDUCATION (Specify only highest grant of
110 0000-1	ecify;		White	Elementary/Secondary College 177 (0 - 12)
17. FATHER'S NAME (First, Middle, Lest) Frank Grogloth		Marte	IAME (First, Middle, Meiden Surn DeWald	
19s. INFORMANT'S NAME (Type/Print)		TAN	mber or Rural Route Number, City	
June Illean Grogloth	206, PLACE OF DIS	POSITION (Name of demoter)	oad, Naples, Fl	CATION — City or Town, State
☐ Burlet ☐ Cremation ☐ Removal (ram 6	is Documen	t is the pro	perty of	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE PERSON ACTING AS SUCH	othe Lakcesic		NU ADDRESS OF FACILITY	errillville, Ind
- 20119021	for In au	HODGES	FUNERAL CHAPEI	(1) 1 (1) (2) (2) (4) (3) (4) (5) (7) (6) (6) (6) (6) (7) (7) (7)
22a. To the best of my knowledge belief occur	got the ship gate and place and			Les, Florida 335 mentigation, in my opinion dead 125 ne pause(s) and mannifes statut
Cause(x) as styled. (Signisture and Title)	22c. HOUR OF DEATH	多事 (Signatur	ne and Title) ESIGNED (Mo., Dev. Xr.)	23c. HOUR OF DEATH
28 18/22/53	9:25	AM SX	:	
22d NAME OF ATTENDING PHYSICIAN IF OTH	ER THAN CERTIFIER (Type or F	Print) BB 23d, PRO	DNOUNCED DEAD (Mo., Day, Yr.	236. PROKOWNCED DEXO
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAL	N, MEDICAL EXAMINER) (Type of	or Print)		
Nicholas Klokochar, M.D.		Trail North,		la 33940
		Pona (idkin De	outu Ort 25
28. PART 1. 'Enter the diseases, injuries, or complicate or heart failure. List only one cause on e	ns that caused the death. Do nach line.	of enter only the mode of dyi	ng, such as cardiac or respira	ry arrest, shock, Approximate Serveen Onse
IMMEDIATE CAUSE (Final disease or condition	1LE	MEAL		
resulting in death)	DUE TO (OA AS ACONSE	OUENCE OF		Drow
Sequentially list conditions, if any, leading to immediate b.	HS	KI		ala
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF):	We will be	
resulting in death) LAST.	DUE TO (OR AS A CONSE	QUENCE OF).		
d. PART II. Other significant conditions contributing to dea	th but not regulting in the	27a. WAS AN AUTOPSY	275 WEDE AUTOROVEN	NDINGS 28 CASE RE
underlying cause given in Part I.	, sor nor resembly in the	PERFORMED? (Yes or Mc	27b. WERE AUTOPSY FIN USED TO COMPLET CAUSE OF DEATH?	E TO MEDI
29. IF FEMALE, WAS THERE A 300. IF SURGERY	IS MENTIONED IN PART I or II EN	No	III WAS DEBEORMED	306 DATE OF SURGERY (Mc. De.
PREGNANCY IN THE PAST 3 MONTHS? [] YES [] NO	4	The second secon		
PROBABLE MANNER OF S24. DATE OF IN. DEATH RELATED TO (Month, Day, CONDITIONS IN PART I		\$2c. INJURY AT WORK? (Yes or No)	32d. DESCRIBE HOW INJ.	JRY OCCURRED
ABOVE (Specify): Natural, socident, suicide, homicide,	A A			
or undetermined. Sze. PLACE OF a street, factor	NJURY — At home, farm, y, etc. (Specify)		Number or Rural Route Number,	City or Town, State)
er e	e e e e e e e e e e e e e e e e e e e	FI]	LED	

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