

STATE OF FLORIDA

MAIL TAX BILLS TO:

OFFICE of VITAL STATISTICS

Tax Key No. 13-4-116

Mr. Fred J. Scarcelli  
1313 Schilling Drive  
Schererville, IN 46375

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO. 39-95-005745 CERTIFICATE OF DEATH FLORIDA

1. DECEDENT'S NAME FIRST: MAE MIDDLE: E. LAST: SCARCELLI			2 SEX: Female		
3 DATE OF DEATH (Month, Day, Year) August 17, 1995		4 SOCIAL SECURITY NUMBER 304-64-9596		5a AGE-Last Birthday (Year) 80	
6 DATE OF BIRTH (Month, Day, Year) September 26, 1914		7 BIRTHPLACE (City and State or Foreign Country) Veneta, Oklahoma		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO	
9a PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				9b INSIDE CITY LIMITS? (Yes or No) No	
9c FACILITY NAME (If not institution, give street and number) Palm Garden			9d CITY, TOWN, OR LOCATION OF DEATH Sun City Center		9e COUNTY OF DEATH Hillsborough
10a DECEDENT'S USUAL OCCUPATION Homemaker		10b KIND OF BUSINESS/INDUSTRY Own home		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
13a RESIDENCE - STATE Florida		13b COUNTY Hillsborough		13c CITY, TOWN, OR LOCATION Sun City Center	
13d STREET AND NUMBER 217 Amesbury Circle		14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mex. can., Puerto Rican, etc.) X No Yes		15 RACE - American Indian, Black, White, etc. Specify White	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 12 College (1-4 or 5+)		17 FATHER'S NAME (First, Middle, Last) Arthur Barrett		18 MOTHER'S NAME (First, Middle, Maiden Surname) Hildred Augenstein	
19a INFORMANT'S NAME (Type/Print) Fred J. Scarcelli, Sr.		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 217 Amesbury Circle, Sun City Center, FL 33573			
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Chapel Lawn Cemetery		20c LOCATION - City or Town, State Schererville, Indiana	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Irving W. Thomas</i>		21b LICENSE NUMBER (of Licensee) 1523		21c NAME AND ADDRESS OF FACILITY LEWERS FUNERAL HOME 308 E. College Ave. Ruskin, FL 33570	
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) <i>Peter A. Jacobson</i>		22b DATE SIGNED (Mo., Day, Yr.) Aug. 18, 1995		22c HOUR OF DEATH 11:10 P.M.	
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Peter A. Jacobson, M.D.		23a On the basis of examination and/or investigation, in my opinion death occurred (the time, date and place and due to the cause(s) and manner as stated) (Signature and Title) <i>Peter A. Jacobson</i>		23b DATE SIGNED (Mo., Day, Yr.) 8/18/95	
23c HOUR OF DEATH 11:10		23d MEDICAL EXAMINER'S CASE #			
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Peter A. Jacobson, M.D. - 1649 Sun City Ctr. Plaza - Sun City, FL 33573					
25a REGISTRAR - SIGNATURE AND DATE <i>Samuel Rodriguez</i> 8-18-95		25b LOCAL REGISTRAR - SIGNATURE <i>Samuel Rodriguez</i>		25c DATE REGISTERED 8/18/95	
26 PART I. Enter the diseases, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>CARDIO PULMONARY ARREST</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>CONGESTIVE HEART FAILURE</b> DUE TO (OR AS A CONSEQUENCE OF) c. <b>ASCVD</b> DUE TO (OR AS A CONSEQUENCE OF) d. <b>ASCVD</b> Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					
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) No		27b WERE AUTO-BIOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? NO
28 CASE REPORT TO MEDICAL EXAMINER? (Yes or 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) Natural, accident, suicide, homicide, or undetermined. NATURAL		32a DATE OF INJURY (Month, Day, Year)	
32b TIME OF INJURY M		32c INJURY AT WORK? (Yes or 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)			



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RS Form 512, Jan. 93 (Previous Editions Obsolete)

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*Samuel Rodriguez* AUG 18 1995

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