

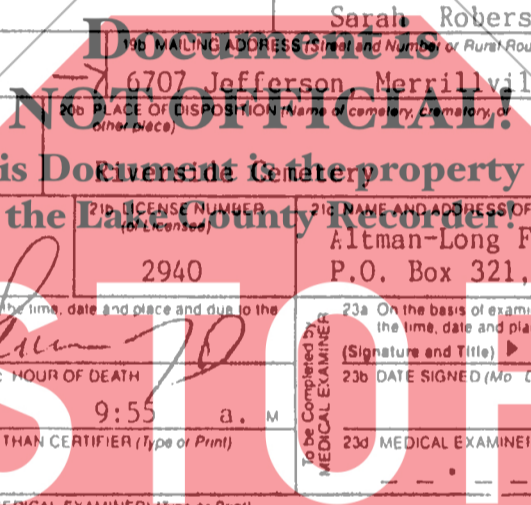
OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO

1. DECEDENT'S NAME FIRST: ROSCOE MIDDLE: EVERETT LAST: BEVANS			2. SEX MALE	
3. DATE OF DEATH (Month, Day, Year) August 2, 1995		4. SOCIAL SECURITY NUMBER 522-05-2696		5a. AGE Last Birthday (years) 89
5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 Day Hours: Minutes:		
6. DATE OF BIRTH (Month, Day, Year) September 6, 1905		7. BIRTHPLACE (City and State or Foreign Country) Phillipsburg, Kansas		8. WAS DECEDENT EVER IN US ARMED FORCES? (Yes or No) Yes
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 <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				9b. INSIDE CITY LIMITS? (Yes or No) Yes
9c. FACILITY NAME (If not institution, give street and number) Arbors at Lakeland			9d. CITY, TOWN, OR LOCATION OF DEATH Lakeland	
9e. COUNTY OF DEATH Polk				
10a. DECEDENT'S USUAL OCCUPATION Warrant Officer		10b. KIND OF BUSINESS/INDUSTRY U.S. Army		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SURVIVING SPOUSE (If wife, give maiden name) Katheryn Brown				
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Merrillville
13d. STREET AND NUMBER 6707 Jefferson				
13e. INSIDE CITY LIMITS? (Yes or No) Yes		13f. ZIP CODE 46410		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 (13 or 14) 1		
17. FATHER'S NAME (First, Middle, Last) Charles Bevans			18. MOTHER'S NAME (First, Middle, Maiden Surname) Sarah Roberson	
19a. INFORMANT'S NAME (Type/Print) Katheryn Bevans				
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6707 Jefferson, Merrillville, Indiana 46410				
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) River View Cemetery, Attica, Indiana				
20c. LOCATION - City or Town, State				
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER 2940		21c. NAME AND ADDRESS OF FACILITY Altman-Long Funeral Home P.O. Box 321, DeBary, Florida 32713
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>[Signature]</i>		22b. DATE SIGNED (Mo, Day, Yr) 08-09-1995		22c. HOUR OF DEATH 9:55 a.m.
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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 stated (Signature and Title) <i>[Signature]</i>		
23b. DATE SIGNED (Mo, Day, Yr)		23c. HOUR OF DEATH		
23d. MEDICAL EXAMINER'S CASE #				
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Patrick Hennessey, MD, 1600 Lakeland Hills Boulevard, Lakeland, Florida 33805				
25a. SUBREGISTRAR - SIGNATURE AND DATE			25b. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>	
25c. DATE REGISTERED Aug. 11, 1995				
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) →		SEPTIS		Approximate Interval Between Onset and Death ~24 DAYS
Due to (or as a consequence of)		DECUBITUS ULCER, COCCYX		~60 DAYS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		SENILE DEMENTIA, ALZHEIMER'S TYPE VS. PICK'S DEMENTIA		~9 mos
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				
27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) N		28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) No
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 HYPOVLEMIA D/T DEER. PO. INTAKE		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)		



9-05-83410

FILED FOR RECORD
SEP 27 PM 2:00
RECORDER

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

Date Issued AUG 11 1995

BY: Ann Palmer

State Registrar

900

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HRS FORM 1564A (6-93)

