

Ernest Ray  
9500 West Cypress  
Hollywood, Florida  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO. \_\_\_\_\_

1 DECEDENT'S NAME FIRST MIDDLE LAST: Ernest Samuel Ray Jr. Sex: Male

3 DATE OF DEATH (Month, Day, Year): Feb 16, 1996 4 SOCIAL SECURITY NUMBER: 311-46-4911 5a AGE Last Birthday (years): 51 5b UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ 5c UNDER 1 DAY: Hours \_\_\_\_\_ Minutes \_\_\_\_\_

6 DATE OF BIRTH (Month, Day, Year): November 4, 1944 7 BIRTHPLACE (City and State or Foreign Country): Gary, Indiana 8 WAS DECEDENT EVER IN US ARMED FORCES? (Yes or No): No

9a PLACE OF DEATH (Check only one - see instructions on other side): HOSPITAL  Inpatient  Outpatient  DOA OTHER  Nursing Home  Residence  Other (Specify) \_\_\_\_\_ 9b INSIDE CITY LIMITS? (Yes or No): Yes 9c FACILITY NAME (if not institution give street and number): Mease Hospital (Dunedin) 9d CITY TOWN OR LOCATION OF DEATH: Dunedin 9e COUNTY OF DEATH: Pinellas

10a DECEDENT'S USUAL OCCUPATION: Consultant 10b KIND OF BUSINESS/INDUSTRY: Computer 11 MARITAL STATUS - Married  Never Married  Widowed  Divorced (Specify) \_\_\_\_\_ 12 SURVIVING SPOUSE (If wife give maiden name): Mary N. Kousskoutis

13a RESIDENCE - STATE: Florida 13b COUNTY: Pinellas 13c CITY TOWN OR LOCATION: Tarpon Springs 13d STREET AND NUMBER: 539 West Spruce Street

13e INSIDE CITY LIMITS? (Yes or No): Yes 13f ZIP CODE: 34689 14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes specify Haitian Cuban Mex can. Puerto Rican etc.): No  Yes  Specify \_\_\_\_\_ 15 RACE - American Indian, Black, White etc. Specify: White 16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): \_\_\_\_\_ College (13-16): 2

17 FATHER'S NAME (First, Middle, Last): Ernest Samuel Ray, Sr. 18 MOTHER'S NAME (First, Middle, Maiden Surname): Jean Grabczak

19a INFORMANT'S NAME (Type, Print): Mary N. Ray 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 539 West Spruce Street, Tarpon Springs, Florida 34689

20a METHOD OF DISPOSITION:  Burial  Cremation  Removal from State  Donation  Other (Specify) \_\_\_\_\_ 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cycadia Cemetery 20c LOCATION - City or Town, State: Tarpon Springs, Florida

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *Paul Blum* 21b LICENSE NUMBER (of Licensee): FE2533 21c NAME AND ADDRESS OF FACILITY: Vinson Funeral Home 456 East Tarpon Avenue Tarpon Springs, Florida 34689

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): Feb 17, 1996 22c HOUR OF DEATH: 12:59 PM

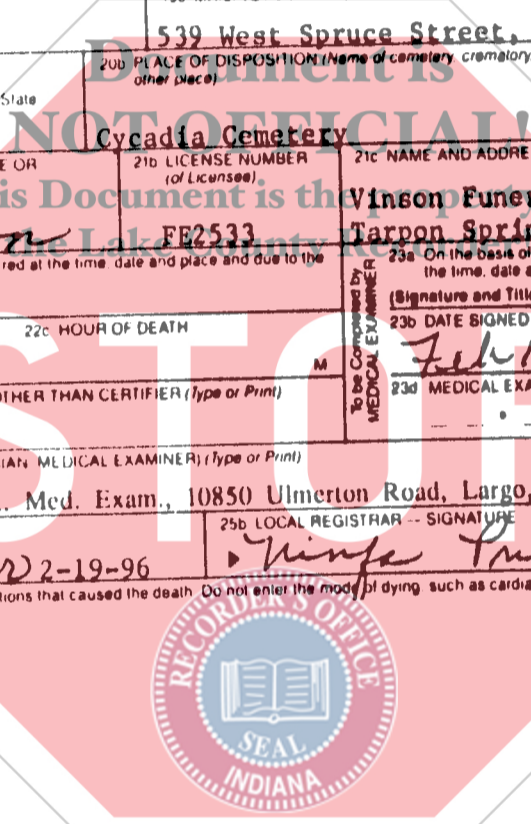
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): \_\_\_\_\_ 23a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated: \_\_\_\_\_ (Signature and Title) \_\_\_\_\_ 23b DATE SIGNED (Mo, Day, Yr): Feb 17, 1996 23c HOUR OF DEATH: 12:59 PM

23d MEDICAL EXAMINER'S CASE #: 96-06-00219

24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Joan E. Wood, M.D., Dist. Med. Exam., 10850 Ulmerton Road, Largo, FL 34648

25a SUBREGISTRAR - SIGNATURE AND DATE: *Lisa C. Kimminger* 2-19-96 25b LOCAL REGISTRAR - SIGNATURE: *Wynne Prince* 25c DATE REGISTERED: Feb 20, 1996

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. Approximate interval: \_\_\_\_\_



97007264

FILED  
FEB 5 1997

SAM ORLICH  
INTEGRITY

FILED  
97FEB -5 PM 2:35  
MORTUARY  
RECORDER

000219

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

*Katherine A. Burmester*  
Chief Deputy Registrar, Pinellas County

ISSUED: February 20, 1996  
State Registrar

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HRS FORM 1884A (8-83)