

OFFICE of VITAL STATISTICS

CERTIFIED COPY

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CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO. 7499

1. DECEDENT'S NAME: WILLIAM H. KITCHELL, SEX: MALE, AGE: 69

3. DATE OF DEATH: JANUARY 13, 1997

4. SOCIAL SECURITY NUMBER: 309-24-8677

6. DATE OF BIRTH: JUNE 24, 1927

7. BIRTHPLACE: HAMMOND, INDIANA

8. PLACE OF DEATH: HOSPITAL - Inpatient, ER/Outpatient - DOA, OTHER - Nursing Home, Residence, Other (Specify)

9. FACILITY NAME: MEMORIAL HOSPITAL-WEST VOLUSIA

10. CITY, TOWN, OR LOCATION OF DEATH: DELAND

11. COUNTY OF DEATH: VOLUSIA

10a. DECEDENT'S USUAL OCCUPATION: CLERK

10b. KIND OF BUSINESS/INDUSTRY: RAILROAD

11. MARITAL STATUS: MARRIED

12. SURVIVING SPOUSE: BETTY MARIE EDWARDS

13a. RESIDENCE - STATE: INDIANA

13b. COUNTY: LAKE

13c. CITY, TOWN, OR LOCATION: HAMMOND

13d. STREET AND NUMBER: 51 WEBB ST.

13e. INSIDE CITY LIMITS? (Yes or No): YES

13f. ZIP CODE: 46320

14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? No

15. RACE: WHITE

16. DECEDENT'S EDUCATION: High School (1-4 years)

17. FATHER'S NAME: STANLEY KITCHELL

18. MOTHER'S NAME: INA JOHNSON

19a. INFORMANT'S NAME: BETTY MARIE KITCHELL

19b. MAILING ADDRESS: 51 WEBB ST., HAMMOND, IN 46320

20a. METHOD OF DISPOSITION: Removal from State

20b. PLACE OF DISPOSITION: ST. JOSEPH CEMETERY

20c. LOCATION - City or Town, State: HAMMOND, INDIANA

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]

21b. LICENSE NUMBER: 35-45

21c. NAME AND ADDRESS OF FACILITY: ALLEN-SUMMERHILL FUNERAL HOME, P.O. BOX 1527, DELAND, FL 32721-1527

22a. SIGNATURE AND TITLE OF CERTIFIER: [Signature]

22b. DATE SIGNED: JANUARY 14, 1997

22c. HOUR OF DEATH: 10:22 A

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: [Blank]

23a. SIGNATURE AND TITLE OF MEDICAL EXAMINER: [Signature]

23b. DATE SIGNED: JANUARY 14, 1997

23c. MEDICAL EXAMINER'S CASE #: 97-07-00036

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER): ROBERT D. DAVIS, MD (A.M.E.), 1360 INDIAN LAKE ROAD, DAYTONA BEACH, FL 32124

25a. SUBREGISTRAR - SIGNATURE AND DATE: Carol L. Medeiros CDR, Jan 14, 1997

25b. LOCAL REGISTRAR - SIGNATURE: [Signature]

25c. DATE REGISTERED: Jan 14, 1997

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.

a. HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF)

b. DUE TO (OR AS A CONSEQUENCE OF): APR 08 1997

c. DUE TO (OR AS A CONSEQUENCE OF): SAM ORLICH

26. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

27a. WAS AN AUTOPSY PERFORMED? NO

27b. HAD ANATOMICAL RECORDING OR PHOTOGRAPHY USED TO COMPLETE CAUSE OF DEATH? NO

27c. CASE REPORTED TO MEDICAL EXAMINER? YES

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? 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: NATURAL

32a. DATE OF INJURY

32b. TIME OF INJURY

32c. INJURY AT WORK? 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)

FILED FOR RECORD

FILED

APR 08 1997

SAM ORLICH

Joseph Bagleros 72555 W. Lincoln Rd., Ste 202 Olympia, WA 98512

1111381 # 3281 9 00 VA

BY Carol L. Medeiros CDR Registrar

WARNING: 6338732

DO NOT ACCEPT CERTIFIED COPIES UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND THE LETTERS FLA IN THE UPPER RIGHT AND LEFT CORNERS OF PAPER ON FRONT AND VERTICAL SECURITY LINES ON BACK. UNAUTHORIZED ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

