	OCAL FILE NO.		CERTIFICATE FLOR	OF DEATH				
	1. DECEDENT'S NAME FIRST  WILL 3 DATE OF DEATH (Manuf., Dog. 1007)			н	KITCHELL So AGE-Los Burndoy   So, UNDER 1		MALE CO	
(A. CEDENT	JANUARY 13, 19 & DATE OF BIRTH (Month), Day	997	4 SOCIAL SECURITY 309-24-8677		(years) 69	Months	Days Hours	100
DE	JUNE 24. 1927 Sa PLACE OF DEATH (Chack		HAMMON	D. INDIANA			WAS DECEDENT EV AMMED PORCES! () Y P.S. IN INSIDE CITY LIMIT	<u>ယ</u>
7499	HOSPITAL Impatient X EF		OTHER: Nursing Horans	me ResidenceOther			NO POURTY OF DEATH	<u> </u>
	MEMORIAL HOSP		OLUSIA OF BUSINESSANDUSTRY	LUSIA DELAND		VOLUSTA		
O GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE DO NOT USE RETIRED	CLERK RAI		ILROAD	LROAD MARRIED		ETTY MARIE		
	INDIANA LAKÉ		13c CITY, TOWN, OR LOCATION  HAMMOND		13d STREET AND NUMBER			
6		IP CODE 14 W	AS DECEDENT OF HISPANIC	OR HAITIAN ORIGIN?	15 RACE — Am Black, White Specify:		DECEDENT'S EDUBAT Specify only highest by	
PARENT	YES 40	0320	Docu	· · · · · · · · · · · · · · · · · · ·		ITE (0.1	n 12 - F	
-	STANLEY KITCH!	ype/Print)		ILING ADDRESS (Street and			vn, State, Zip Cotter	<u></u> 3
(Co	BETTY MARIE K	This I	206 PLACE OF C	NEBB ST., HAM DISPOSITION (Name of com			N — City or Town, State	99
PE	Burial Cremetion XRemoval from State  Donation Other (Specify)  21a SIGNATURE OF FUNERAL BERVICE UZENSEE OR  21b LICENSE NUMBER 21c. NAME AND ADDRESS OF FACILITY							
	PERSON ACTING AS BU	CALL THE WASE	(of Licens	ALLEN	-SUMMERHI	LL FUNERAL		_
	TO canee(e) be stated	. //	ed at the time, date and place	and due to the 23a.	OX 1527 On the basis of example time, date and p	lace the late	32721-1527	with occupant as
CERTIFIER	(Signature and Title) 226 DATE SIGNED (M)		22¢ HOUR OF DEATH		nature and Title) DATE SIGNED (Mo. ANUARY 14	Cap Wy -pri-mayaration	430 HOUR OF DEATH	- Coper
z	28		HER THAN CERTIFIER (Type o	or Print)	MEDICAL EXAMINE		6	Armaguse and a specimen
	24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN. MEDICAL EXAMINER) (Type or Print)  ROBERT D. DAVIS, MD (A.M.E.) 1360 INDIAN LAKE ROAD, DAYTONA BEACH, FL 32124  250 SUBREGISTRAR — SIGNATURE AND DATE  250 SUBREGISTRAR — SIGNATURE AND DATE  250 DATE REGISTERED							
	>	OHAN ONE AND DATE		Caroo L	Do da.	100	s ( The ball the	
	26 PART I Enter the diseases	i, injuries, or complication	ns that caused the death Do n	not enter the made of dying, t	such as cardiac or r	espiratory arrest, shock	or heart Approxim	4,1997
Part II r-	failure List only on IMMEDIATE CAUSE (Final	a, injuries, or complication ne cause on each line	ns that caused the death Do r	vot enier the made of dying,	such as cardiac or r	espiratory arrest, shock	or heary Approximate Between Death	4,1997
RITIFIE	failure. List only on	ne čsuse on each line	ENSIVE CARDION DUE TO (OR AS A CON	VASCULAR DIS	such as cardiac or r	espiratory arrest, shock	// Between	4,1997
TH BY CERTIFIER	Industrial to the second to th	ne čsuse on each line	ENSIVE CARDIO	VASCULAR DIS		APR O	E Death	4,1997
OF DEATH BY CERTIFIE	Induce List only on IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause Enter UNDERLYING	ne čsuse on each line	ENSIVE CARDION DUE TO (OR AS A CON	VASCULAR DIS		APR 0	E Death	4,1997
DEATH BY CERTIFIE	Induce List only on IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events	HYPERT  c ditions contributing to de	DUE TO (OR AS A CONDUCTO (OR A	VASCULAR DIS USEQUENCE OF) USEQUENCE OF) USEQUENCE OF):  27a WAS AN AUTOPS PERFORMED?	EASE  Y 270 MF	APR O	R 1997 RLICH	mate interval n Onset and  POPPORTED REPICAL MAINER?
OF DEATH BY CERTIFIE	Sequentially list conditions, if any, leading to immediate cause from the cause or injury that initiated events resulting in death LAST.  PART II. Other significant concurred in the cause great the cause from the	HYPERT  b  c  ditions contributing to deen in Part t	DUE TO (OR AS A CONDUCTO (OR A	VASCULAR DIS USEQUENCE OF) USEQUENCE OF):  27a WAS AN AUTOPS PERFORMED? (Yes or No)  ALL) NO	EASE  275 AFFI	APR O  SAM O  PUTP O PO PO NO  EATH? (Yes or No)  NO	R 1997 RLICH KE COUNT	mate interval Onset and  POPPORTED REMCAL MINER? Or Mo) YES
OF DEATH BY CERTIFIE	Industrial Section 1 Sequentially 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 concurred in the sequential sequents or injury that initiated events resulting in death) LAST.  PART II. Other significant concurred in the part of the sequent sequents of the sequent sequents of the sequents o	ditions contributing to deep in Part 1  TO MEDICATI A 30a. IF SURGERS NO.	DUE TO (OR AS A CONDICTION OF TO (OR AS A CONDICTION OR AS A CONDICTION OF TO (OR AS A CONDICTION OR AS A CONDICTION OR	VASCULAR DIS USEQUENCE OF) USE	EASE  275 AVEF USE OF D	APR O  SAM O  PUTP O PO PO NO  EATH? (Yes or No)  NO	R 1997 RLICH KE COUNT	mate interval Onset and  POPPORTED REMCAL MINER? Or Mo) YES
OF DEATH BY CERTIFIE	Industrial State of the state o	ditions contributing to deen in Part I  TO MEDICATI  A  30a. If SURGER (Monin, Da)  d.	DUE TO (OR AS A CONDUCTO (OR A	ISEQUENCE OF)  ISEQUENCE OF):	EASE  275 AVE P USEC OF D  HICH IT WAS PERFO	APR O SAM O SAM O PATRICIPANA EATHY (VOS OF NO) PAMED 306 DV	RICH KE COUNT NE OF SURGERY (MO	mate interval Onset and  POPPORTED REMCAL MINER? Or Mo) YES
CAUSE OF DEATH BY CERTIFIE	Inimediate Cause (Final disease or condition resulting in death)  Sequentially 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 concurred in the cause gne with the cause gne wit	a HYPERT  b HYPERT  c ditions contributing to de en in Part i  TO MEDICATI  A 30a. If SURGER INO  32a DATE OF III (Month, De d.)	DUE TO (OR AS A CONDICTION OF TO (OR AS A CONDICTION OR AS A CONDICTION OF TO (OR AS A CONDICTION OR AS A CONDICTION OR	VASCULAR DIS USEQUENCE OF) USE	EASE  275 AVE P USEC OF D  HICH IT WAS PERFO	APR O SAM O SAM O PATRICIPANA EATHY (VOS OF NO) PAMED 306 DV	RICH KE COUNT NE OF SURGERY (MO	mate interval Onset and  POPPORTED REMCAL MINER? Or Mo) YES
320 CYNSE OF DEATH BY CERTIFIES	Inimediate Cause (Final disease or condition resulting in death)  Sequentially 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 concurred in the cause great that initiated events resulting in death) LAST.  PART II. Other significant concurred in the cause great	a HYPERT  b  c  ditions contributing to deten in Part I  TO MEDICATI  A 30a. If SURGER NO  32a DATE OF II (Month, Det d.  32e PLACE OF street, fack	DUE TO (OR AS A CONDUCTO (OR A	ASCULAR DIS SEQUENCE OF)  SEQUENCE OF):  27a WAS AN AUTOPS PERFORMED? (Yes or No)  ALL) NO I ENTER CONDITION FOR WITH  32c. INJURY AT WORK (Yes or No)  4  32f LOCATION (Street	EASE  270 MFF  USE  OF D  111 WAS PERFO  127 324 DESC	APR U SAM O SAM O PHITP OF PHINA EATH? (Yes or No) NO RIBE HOW INJURY OF	RLICH KE COUNT (No. STON)	mate interval Onset and  POPPORTED REMCAL MINER? Or Mo) YES