

Hance Silvan
CERTIFICATE OF DEATH
 FLORIDA

*6429 Kennedy Dr. Hmd
 46-323*

TYPE OR PRINT PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

NRB Form 512, Sep 82 (Replace previous editions and VS 812)

LOCAL FILE NO.		DECEDENT—NAME				SEX	DATE OF DEATH (Mo., Day, Yr.)
1. ANTHONY		A.		MATOVINA		Male	Dec. 8, 1984
RACE—e.g. White, Black, Am. Indian, etc. (Specify)		AGE—Last Birthday (Yr.)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)
4. White		5a. 71	MOE.	DAYS	HOURS	MIN.	6. June 16, 1913
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not in index, give street and number)				COUNTY OF DEATH	
7a. Naples		7c. Naples Community Hospital				7d. Collier	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
8. Indiana		9. USA		10. Married		11. Helen E. Toth	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				KIND OF BUSINESS OR INDUSTRY	
12. 489 09 3139 A		13a. Painter				13b. Soap Mfg. Company	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER	
14. Florida		14b. Collier		14c. Marco Island		14d. 511 Heathwood Drive	
FATHER—NAME		MOTHER—MAIDEN NAME		INSIDE CITY LIMITS (Specify Yes or No)		14e. No	
15. Matthew		15. Mary		15. Sertic			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS					
17a. Helen E. Matovina		17b. 511 S. Heathwood Drive Marco Island, Florida 33937					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION			
18a. Burial		18b. Marco Island Cemetery		18c. Marco Island, Florida			
FUNERAL DIRECTION (Specify)		FUNERAL HOME					
19a. <i>[Signature]</i>		19b. Josberger Funeral Home Marco Island, Florida 33937					
20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		20b. DATE SIGNED (Mo., Day, Yr.)		20c. HOUR OF DEATH		20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	
20a. <i>[Signature]</i> MD		20b. Dec. 10, 1984		20c. 12:15 P.M.		20d. 22. 201 8th Street, S., Naples, Florida - Loris King, M.D.	
21a. On the basis of examination and/or investigation, in my opinion death occurred at the time and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		21d. ON	
21a. <i>[Signature]</i>		21b. 9/10/84		21c. 11:30		21d. ON	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)					
23a. <i>[Signature]</i>		23b. November 10, 1984					
24. IMMEDIATE CAUSE (AYRAN ONLY ONE CAUSE FOR LIVE FOR (a), (b), AND (c).)		FILED					
PART (a)		1. CARDIAC ARREST					
DUE TO, OR AS A CONSEQUENCE OF:		2. CARDIAC TAMPONADe					
PART (b)		3. ACUTE AORTIC DISSECTION					
PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		SAM ORLICH AUDITOR LAKE COUNTY					
(Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
27a.		27b.		27c.		27d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No.	
27a.		27b.		27c.		27d.	

CERTIFIED COPY

I hereby certify the above to be a true and correct copy of the record on file in the Collier County Health Department at Naples, Collier County, Florida. (Not valid unless the seal of the Collier County Health Department is Affixed.)

[Signature]
 Local Registrar of Vital Statistics
 Collier County, Florida

Date: Dec 10, 1984 By: [Signature]

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State of Florida Department of Health and Rehabilitative Services, Vital Statistics