

OFFICE of VITAL STATISTICS
CERTIFIED COPY

TYPE OR
PRINT IN
PERMANENT
BLACK INK

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO **1660**

970734

1 DECEDENT'S NAME A/K/A FIRST Mathias MIDDLE Leo LAST Spitz Spitz Jr.		2 SEX Male
3 DATE OF DEATH (Month, Day, Year) August 11, 1997	4 SOCIAL SECURITY NUMBER 312-14-2745	5a AGE-Last Birthday (years) 74
6 DATE OF BIRTH (Month, Day, Year) February 13, 1923	7 BIRTHPLACE (City and State or Foreign Country) Lake County, Indiana	5b UNDER 1 YEAR Months: Days: Hours: Minutes:
8a PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL <input checked="" type="checkbox"/> Inpatient - ER/Outpatient - DOA OTHER <input type="checkbox"/> Nursing Home - Residence - Other (Specify)		8b INSIDE CITY LIMITS? (Yes or No) Yes
9c FACILITY NAME (If not institution give street and number) Munroe Regional Medical Center		9d CITY, TOWN, OR LOCATION OF DEATH Ocala
9e COUNTY OF DEATH Marion		

GIVE KIND OF
WORK DONE
DURING MOST
OF WORKING
LIFE. DO NOT
USE RETIRED

10a DECEDENT'S USUAL OCCUPATION Truck Driver	10b KIND OF BUSINESS/INDUSTRY Trucking	11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12 SURVIVING SPOUSE (If wife, give maiden name) Theresa Smith
13a RESIDENCE - STATE Florida	13b COUNTY Marion	13c CITY, TOWN, OR LOCATION Ocala	13d STREET AND NUMBER 8185 S.W. 107th Place

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 OCT 2
MORNING
RECORDED
FILED: 48

13e INSIDE CITY LIMITS? (Yes or No) No	13f ZIP CODE 34481	14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No	15 RACE - American Indian, Black, White, etc. Specify White	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary: Secondary: (10-12): 12
17 FATHER'S NAME (First, Middle, Last) Mathias Leo Spitz Sr.		18 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Wehner		

DISPOSITION

19a INFORMANT'S NAME (Type/Print) Theresa Spitz	19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8185 S.W. 107th Place, Ocala, Florida 34481	
20a METHOD OF DISPOSITION - Burial - Cremation - Removal from State - Donation - Other (Specify)	20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Calumet Park Cemetery	20c LOCATION - City or Town, State Merrillville, Indiana

CERTIFIER

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b LICENSE NUMBER (of Licensee) 1792	21c NAME AND ADDRESS OF FACILITY Roberts Funeral Home, 606 S.W. 2nd Avenue, Ocala, Florida 34474
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) Anju Vasudevan M.D.	22b DATE SIGNED (Mo., Day, Yr.) 8/12/97	22c HOUR OF DEATH 8:55P 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 as stated (Signature and Title)	
	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) Anju Vasudevan, M.D., 1040 S.W. 2nd Avenue, Ocala, Florida 34474		
25a SUBREGISTRAR - SIGNATURE AND DATE	25b LOCAL REGISTRAR - SIGNATURE Barbara Whitehead	25c DATE REGISTERED AUG 12 1997

CAUSE OF DEATH BY CERTIFIER

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) → Cardiorespiratory failure DUE TO (OR AS A CONSEQUENCE OF) Mercantatic disease to liver. DUE TO (OR AS A CONSEQUENCE OF) Adenocarcinoma of lung. DUE TO (OR AS A CONSEQUENCE OF) None.	Approximate Interval Between Onset and Death
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? (Yes or No) No	27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	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	30b DATE OF SURGERY (Mo., Day, Year)

31 PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined	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)		

FILED
AUDITOR LAKE COUNTY
1997

#15-23-66

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

545 W. 67th Pl. N. Ocala 346410
BY **Barbara Whitehead**

900
CSP
AUG 15 1997

State Registrar

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.
6816753 THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED