

OFFICE OF VITAL STATISTICS
CERTIFIED COPY RECORD

230 Lakewood
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99070769

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Key #

14-71-32

CERTIFICATE OF DEATH, CARTER
FLORIDA RECORDER

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST MIDDLE LAST 2. SEX
Ruth Ann Erikson Female

3. DATE OF DEATH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5a. AGE Last Birthday (years) 5b. UNDER 1 YEAR 5c. UNDER 1 Day
January 4, 1998 238-30-1713 72

6. DATE OF BIRTH (Month, Day, Year) 7. BIRTHPLACE (City and State or Foreign Country) 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
November 24, 1925 Comfort Seat, Maryland No

9a. PLACE OF DEATH (Check only one - see instructions on other side) 9b. INSIDE CITY LIMITS? (Yes or No)
HOSPITAL - Patient - ER/Outpatient - DOA - OTHER - Nursing Home - Residence - Other (Specify) Yes

9c. FACILITY NAME (If not institution, give street and number) 9d. CITY, TOWN, OR LOCATION OF DEATH 9e. COUNTY OF DEATH
North Bay Medical Center New Port Richey Pasco

10a. DECEDENT'S USUAL OCCUPATION 10b. KIND OF BUSINESS/INDUSTRY 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) 12. SURVIVING SPOUSE (If wife, give maiden name)
Executive Secretary Banking Married Herbert Erikson

13a. RESIDENCE - STATE 13b. COUNTY 13c. CITY, TOWN, OR LOCATION 13d. STREET AND NUMBER
Florida Pasco Port Richey 9017 Rawlins Avenue

13e. INSIDE CITY LIMITS? (Yes or No) 13f. ZIP CODE 14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) 15. RACE - American Indian, Black, White, etc. Specify 16. DECEDENT'S EDUCATION (Specify only highest grade complete)
No 34668 Specify White Elementary/Secondary College (1-4 or 5-1)
2

17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Carl Slack Ada Cox

19a. INFORMANT'S NAME (Type or Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Herbert Erikson 9017 Rawlins Avenue Port Richey Florida 34668

20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20c. LOCATION - City or Town, State
Burial - Cremation - Removal from State - Donation - Other (Specify) Spring Hill Cemetery Guilford County North Carolina

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 21b. LICENSE NUMBER (of Licensee) 21c. NAME AND ADDRESS OF FACILITY
L. D. Jager 1315 Faupel Funeral Home
7524 Ridge Road
Port Richey, Florida 34668-7028

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.) 22c. HOUR OF DEATH
Khai X. Dam, M.D. 1-5-98 3:08 A. 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
Khai X. Dam, M.D. 1-5-98 3:08 A. M

23d. MEDICAL EXAMINER'S CASE #

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)
Khai X. Dam M.D. 11915 Oak Trail Way, Port Richey, FL 34668

25a. SUBREGISTRAR - SIGNATURE AND DATE 25b. LOCAL REGISTRAR - SIGNATURE 26. DATE REGISTERED
Barbara C. Shea Jane 6, 1998

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. anoxic encephalopathy 2nd to Ventricular
DUE TO (OR AS A CONSEQUENCE OF)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. tachycardia, fibrillation 2nd to auto.
DUE TO (OR AS A CONSEQUENCE OF)

c. myocardial infarction
DUE TO (OR AS A CONSEQUENCE OF)

d. arteriosclerotic heart disease

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) 27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) 28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)
No 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) 32a. DATE OF INJURY (Month, Day, Year) 32b. TIME OF INJURY 32c. INJURY AT WORK? (Yes or No) 32d. DESCRIBE HOW INJURY OCCURRED
Natural M DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) 32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
Natural AUG 25 1999

VOID IF ALTERED OR ERASED

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JAN 6 1998

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD

PETER BENJAMIN
LAKE COUNTY AUDITOR

Barbara C. Shea
CHIEF DEPUTY REGISTRAR

001751



WARNING: 6956848

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HRS FORM 1864A (9-96)

CERTIFICATION OF VITAL RECORD

25 x 10