

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

2007 043004

TYPE IN PERMANENT BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) William A. Bickel 2. SEX Male

3. DATE OF BIRTH (Month, Day, Year) April 16, 1946 4a. AGE-Last Birthday (Years) 60 4b. UNDER 1 YEAR Months Days Hours Minutes 4c. UNDER 1 DAY Hours Minutes 5. DATE OF DEATH (Month, Day, Year) March 5, 2007

6. SOCIAL SECURITY NUMBER 267-70-3049 7. BIRTHPLACE (City and State or Foreign Country) Trenton, New Jersey 8. COUNTY OF DEATH Volusia

9. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival NON-HOSPITAL: Hospice Facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify)

10. FACILITY NAME (If not institution, give street address) Hospice of Volusia Flagler 11a. CITY, TOWN, OR LOCATION OF DEATH Port Orange 11b. INSIDE CITY LIMITS? Yes No

12. MARITAL STATUS (Specify) Married Married, but Separated Widowed Divorced Never Married 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Judith C. Fleener

14a. RESIDENCE - STATE Florida 14b. COUNTY Volusia 14c. CITY, TOWN, OR LOCATION Port Orange 14d. STREET ADDRESS 757 Renegade Lane 14e. APT. NO. 14f. ZIP CODE 32127 14g. INSIDE CITY LIMITS? Yes No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" Inspector 15b. KIND OF BUSINESS/INDUSTRY City Government

16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) White Black or African American American Indian or Alaskan Native (Specify tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) Yes (If Yes, specify) No Mexican Puerto Rican Cuban Central/South American Other Hispanic (Specify) Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) 8th or less High school but no diploma High school diploma or GED College but no degree College degree (Specify) Associate Bachelor's Master's Doctorate 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix) Unavailable 21. MOTHER'S NAME (First, Middle, Maiden Surname) Helen Orchik

22a. INFORMANT'S NAME Judith C. Bickel 22b. RELATIONSHIP TO DECEDENT Spouse 23a. INFORMANT'S MAILING - STATE Florida 23b. CITY OR TOWN Port Orange 23c. STREET ADDRESS 757 Renegade Lane 23d. ZIP CODE 32127

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Shady Rest Cemetery 25a. LOCATION - STATE Florida 25b. LOCATION - CITY OR TOWN Holly Hill

26a. METHOD OF DISPOSITION Burial Entombment Cremation Donation Removal from State Other (Specify) 26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes No 27a. LICENSE NUMBER (of Licensee) FE4559 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Michael J. Bryant

28. NAME OF FUNERAL FACILITY Baggett & Summers Funeral Home 28a. FACILITY'S MAILING - STATE Florida 28b. CITY OR TOWN Daytona Beach 28c. STREET ADDRESS 736 S. Beach Street 28d. ZIP CODE 32114

30. CERTIFIER: Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature and Title of Certifier) Abdul Sorathia, M.D. 31b. DATE SIGNED (mm/dd/yyyy) 03-07-2007 32. TIME OF DEATH (24 hr.) 1800 33. MEDICAL EXAMINER'S CASE NUMBER ME67542 34a. LICENSE NUMBER (of Certifier) 34b. CERTIFIER'S NAME Abdul Sorathia, MD 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)

36a. CERTIFIER'S - STATE Florida 36b. CITY OR TOWN Port Orange 36c. STREET ADDRESS 1185 Dunlawton Avenue, Suite 105 36d. ZIP CODE 32127

37. SUBREGISTRAR - Signature and Date 38a. LOCAL REGISTRAR - Signature 38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) MAR 07 2007

39. PROBABLE MANNER OF DEATH Natural Accident Suicide Homicide Pending Investigation Undetermined 40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? Yes No

41. CAUSE OF DEATH - PART I (See instructions on back) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. NON SMALL CELL CANCER OF UNKNOWN PRIMARY

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. c. d.

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

42a. IF SURGERY MENTIONED IN PART I OR II, DATE OF SURGERY (Mo., Day, Yr.) 42b. WAS AN AUTOPSY PERFORMED? Yes No 42c. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

43a. IF SURGERY MENTIONED IN PART I OR II, DATE OF SURGERY (Mo., Day, Yr.) 43b. PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 44. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown

45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? Yes No Unknown If Yes, specify timeframe: at time of death within 1 to 42 days of death within 43 days to 1 year of death

46. DATE OF INJURY (Month, Day, Year) 47. TIME OF INJURY (24 hr.) 48. INJURY AT WORK? Yes No 49a. LOCATION OF INJURY - STATE 49b. CITY OR TOWN 49c. STREET ADDRESS 49d. APT. NO. 49e. ZIP CODE

50. DESCRIBE HOW INJURY OCCURRED 51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)

IF TRANSPORTATION INJURY: 52a. Status of Decedent Driver/Operator Passenger Pedestrian Other (Specify) 52b. Type of Vehicle Car/Minivan S.U.V. Motorcycle Pickup Truck/Cargo Van Bus Heavy Transport Other (Specify)

VOID IF ALTERED OR ERASED

W 1/2 of Pt NW SW S.2.T.33.R.9 J.865AC 02-03-0068-0024

E 1/2 of Pt NW SW S.2.T.33.R.9 I.865AC 02-03-0068-0009

P 1/4 of Pt NW SW S.2.T.33.R.9 4AC 02-03-0068-0008

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WARNING:

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

DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD



James P. Gray, CDR

MAR 07 2007

FLORIDA DEPARTMENT OF HEALTH

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