

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

PREPARE
FURNISH
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) ALLEN LEROY WELLS 2. SEX MALE

3. DATE OF BIRTH (Month, Day, Year) September 20, 1937 4a. AGE Last Birthday (Years) 68 4b. UNDER 1 YEAR Months Days 4c. UNDER 1 DAY Hours Minutes 5. DATE OF DEATH (Month, Day, Year) Found April 12, 2006

6. SOCIAL SECURITY NUMBER 7. BIRTH PLACE (City and State or Foreign Country) Dalton, Illinois 8. COUNTY OF DEATH Lake

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 X. Care (Specify) Sister-in-Law's Residence

10. FACILITY NAME (If not Institution, give street address) 150 Cross Ways Drive 11a. CITY, TOWN, OR LOCATION OF DEATH Leesburg 11b. INSIDE CITY LIMITS? Yes X No

12. MARITAL STATUS (Specify) 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Roseann Serama

14a. RESIDENCE - STATE Indiana 14b. COUNTY Lake 14c. CITY, TOWN, OR LOCATION Schneider

14d. STREET ADDRESS 10441 241st Avenue 14e. APT. NO. 14f. ZIP CODE 46376 14g. INSIDE CITY LIMITS? X Yes No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Supervisor 15b. KIND OF BUSINESS/INDUSTRY Automobile Company

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

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

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death) b1 or less High school but no diploma High school diploma or GED College or no degree X Associate Bachelor's Master's Doctorate 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix) Walter Wells 21. MOTHER'S NAME (First, Middle, Maiden surname) Mildred Craven

22. INFORMANT'S NAME Roseann Wells 22b. RELATIONSHIP TO DECEDENT Wife 22c. INFORMANT'S MAILING STATE Indiana

23a. CITY OR TOWN Schneider 23b. STREET ADDRESS 10441 241st Avenue 23c. ZIP CODE 46376

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Bevers Funeral Home Crematory 25a. LOCATION - STATE Florida 25b. LOCATION - CITY OR TOWN Leesburg

26. METHOD OF DISPOSITION Burial Shipment X Cremation Donation Removal from State Other (Specify) 27. IF CREMATION, DONATION OR REMOVAL FROM STATE: 27a. LICENSE NUMBER OF FUNERAL HOME 1754 27b. LICENSE NUMBER OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 27c. APPROVAL GRANTED? X Yes No

28. NAME OF FUNERAL FACILITY Bevers Funeral Home Inc. 29. FACILITY'S MAILING STATE Florida

30. CITY OR TOWN Leesburg 31. STREET ADDRESS 1123 W. Main Street 32. ZIP CODE 34748

33. CERTIFIER (Check one) Certifying Physician - To the best of my knowledge, death occurred at the time, place and place and date to the best of my knowledge and belief stated. 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.

34. LICENSE NUMBER (of decedent) ME 37223 34b. CERTIFIER'S NAME Slaven C. Cogswell, MD 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) Found 1328

36. DATE SIGNED (mm/dd/yyyy) 04/19/2006 37. TIME OF DEATH (24 hr) Found 1328 38. MEDICAL EXAMINER'S CASE NUMBER 060500388

39. CERTIFIER'S STATE Florida 39b. CITY OR TOWN Leesburg 39c. STREET ADDRESS 809 Pine Street 39d. ZIP CODE 34748

40. SUBREGISTRAR - Signature and Date 41. LOCAL REGISTRAR - Signature 42. DATE FILED BY REGISTRAR (Mo., Day, Yr.) April 20, 2006

43. PROBABLE MANNER OF DEATH: The following are under the jurisdiction of the medical examiner: Accidental Subtle Homicide Pending Investigation Undetermined 44. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? X Yes No

45. CAUSE OF DEATH - PART I: 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 (The disease or condition resulting in death) Congestive Heart Failure Due to (or as a consequence of) Hypertensive Cardiomyopathy Due to (or as a consequence of)

46. PART II: Other abnormal conditions contributing to death but not resulting in the underlying cause given in PART I: Parkinson's disease, Metastatic squamous cell carcinoma of tonsil 47a. WAS AN AUTOPSY PERFORMED? Yes X No 47b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes X No

48. SURGERY MENTIONED IN PART I FOR II: ENTER REASON FOR SURGERY 49. DATE OF SURGERY (Mo., Day, Yr.) 44. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No X 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 63 days to 1 year of death

48. 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)

52. 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)

52c. Status of Decedent Driver/Operator Passenger Pedestrian Other (Specify) 52d. Type of Vehicle Car/Minivan S.U.V. Motorcycle Pickup Truck/Cargo Van Bus Heavy Transport Other (Specify)

52e. Status of Decedent Driver/Operator Passenger Pedestrian Other (Specify) 52f. Type of Vehicle Car/Minivan S.U.V. Motorcycle Pickup Truck/Cargo Van Bus Heavy Transport Other (Specify)

52g. Status of Decedent Driver/Operator Passenger Pedestrian Other (Specify) 52h. Type of Vehicle Car/Minivan S.U.V. Motorcycle Pickup Truck/Cargo Van Bus Heavy Transport Other (Specify)

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Deputy Registrar Lake County

APR 20 2006

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 MULTICOLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



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CERTIFICATION OF VITAL RECORD

