

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH

FLORIDA

Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 70-018571

REGISTRAR'S NO. 0950

| | | | | | | | | | | |
|--|--|--|---|--|--|----------------------------------|---|--|-------------------------------------|--|
| DECEASED—NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | | | | |
| 1. OLIVE | | | | ELLIS | Female | 3. March 1, 1970 | | | | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (MONTH, DAY, YEAR) | | COUNTY OF DEATH | | | | |
| 4. White | 5a. 61 | 5b. MOS. DAYS | 5c. HOURS MIN. | March 19, 1908 | | 7a. Hillsborough | | | | |
| CITY, TOWN, OR LOCATION OF DEATH | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | | | | | |
| 7b. Tampa | | 7c. Yes | 7d. Hillsborough County Hospital | | | | | | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | CITIZEN OF WHAT COUNTRY | | A.—MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | | | | | |
| 8. Michigan | 9. U.S.A. | | 10. Married | | 11. John Ellis | | | | | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | | KIND OF BUSINESS OR INDUSTRY | | | | | |
| 12. | | 13a. Housewife | | | 13b. Own Home | | | | | |
| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | STREET AND NUMBER | | | | | |
| 14a. Florida | Hillsborough | 14c. Lutz | | 14d. NO | 14e. Rt. 1, Box 753 | | | | | |
| FATHER—NAME | | FIRST | MIDDLE | LAST | MOTHER—MAIDEN NAME | | | | | |
| 15. | | Unobtainable | | 16. Unobtainable | | | | | | |
| INFORMANT—NAME | | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | | | |
| 17a. Mrs. Betty Jean Jackson | | | | 17b. 1709 N. Club Ct., Tampa, Florida 33612 | | | | | | |
| PART I. DEATH WAS CAUSED BY: | | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| 18. IMMEDIATE CAUSE | | (a) Possible Corneo-vascular accident | | | | | unknown | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | |
| | | (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | | AUTOPSY (YES OR NO) | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH | | | |
| | | | | | | 19a. No | 19b. | | | |
| (Probably) ACCIDENT, SUICIDE OR HOMICIDE; OR UNDETERMINED (Specify) | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | | | | | | | |
| 20a. | 20b. | 20c. | 20d. M. 20e. | | | | | | | |
| INJURY AT WORK (SPECIFY YES OR NO) | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION | (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | | | | | |
| 21a. | 21b. | 21c. | 21d. | | | | | | | |
| CERTIFICATION—PHYSICIAN: | MONTH | DAY | YEAR | MONTH | DAY | YEAR | AND LAST SAW HIM/HER ALIVE ON | I DID/DID NOT VIEW THE BODY AFTER DEATH. | DEATH OCCURRED AT THE PLACE, ON THE | |
| 21a. I ATTENDED THE DECEASED FROM | 2-26-70 | | | 21b. TO | 3-1-70 | | 21c. 3-1-70 | 21d. No | 21e. 4:30 P.M. | |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | | | | | | | | | |
| 22a. HOUR OF DEATH | | | | | | | | | | |
| 22b. THE DECEDENT WAS PRONOUNCED DEAD | | | | | | | | | | |
| 22c. M. 22d. M. | | | | | | | | | | |
| CERTIFIER—NAME (TYPE OR PRINT) | | SIGNATURE | | | DEGREE OR TITLE | | DATE SIGNED (MONTH, DAY, YEAR) | | | |
| 23a. Dr. M. Miranda | | 23b. [Signature] | | | 23c. M.D. | | 23d. 3-3-70 | | | |
| MAILING ADDRESS—CERTIFIER | | STREET OR R.F.D. NO. | | | CITY OR TOWN | | STATE | | | |
| 23a. 5906 30th Street | | Tampa | | | Florida | | | 33610 | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | CEMETERY OR CREMATORY—NAME | | | LOCATION | | | CITY OR TOWN | | | |
| 24a. Removal | 24b. Holton Cemetery | | | 24c. Pasco Co. | | | 24d. Florida | | | |
| DATE (MONTH, DAY, YEAR) | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | | | | | | |
| 24a. March 3, 1970 | 24b. Jennings Funeral Home; 6900 Nebraska Ave. Tampa, Fla. 33604 | | | | | | | | | |
| FUNERAL DIRECTOR—SIGNATURE | | REGISTRAR—SIGNATURE | | | DATE RECEIVED BY LOCAL REGISTRAR | | | | | |
| 25a. [Signature] | | 25b. [Signature] | | | 25c. March 3, 1970 | | | | | |

VOID IF ALTERED OR ERASED

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C. Inada G. Jj, State Registrar

Date Issued: JAN 05 2009

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



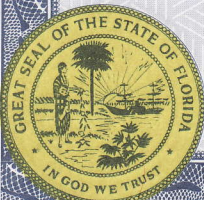
DH FORM 1946 (08-04)

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CERTIFICATION OF VITAL RECORD



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AFFIDAVIT OF AMENDMENT TO A FLORIDA CERTIFICATE OF DEATH

(See Instructions On Reverse)

State of Florida
Department of Health

| | | | |
|--|--|---|---------------------------------|
| ENTER CORRECT INFORMATION CONCERNING DECEASED PERSON | NAME OF DECEASED (TYPE OF PRINT) OLIVE FERN ELLIS | | STATE FILE NO. 70-018571 |
| | DATE OF DEATH March 1, 1970 | PLACE OF DEATH (COUNTY) Hillsborough | CITY, TOWN OR LOCATION Tampa |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR DEATH CERTIFICATE SHOW | | SHOULD BE |
| | 1. Deceased - Name | OLIVE ELLIS | OLIVE FERN ELLIS |
| | 15. Father - Name | Unobtainable | LEVI A. BARNES |
| | 16. Mother - Maiden Name | Unobtainable | MARY EVA CASWELL |
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|-------------------------------|---|---|--|
| AFFIDAVIT | I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT SIGNATURE <i>Robert F. Koehler</i> | | ADDRESS 14802 N. Florida Ave. #P-251, Tampa, Fla. 33613 |
| INFORMANT OR NEXT OF KIN | SUBSCRIBED AND SWORN BEFORE ME ON January 8, 20 09 | SIGNATURE OF NOTARY <i>Kelly Chambliss</i> | STAMP KELLY CHAMBLISS NOTARY PUBLIC, STATE OF FLORIDA My Commission Expires June 16, 2012 #DD798283 |
| NOTARY | Personally Known <input checked="" type="checkbox"/> OR Produced Identification ID Produced: | Printed Name of Notary Kelly Chambliss | My Commission Expires June 16, 2012 |
| AFFIDAVIT OF FUNERAL DIRECTOR | FUNERAL DIRECTOR'S SIGNATURE No signature required, F.A.C. 64V-1.007(4) | | ADDRESS |
| FUNERAL DIRECTOR | SUBSCRIBED AND SWORN BEFORE ME ON _____, 20 ____ | SIGNATURE OF NOTARY | My Commission Expires |
| NOTARY | Personally Known ___ OR Produced Identification ID Produced: | Printed Name of Notary | My Commission Expires |

(APPLICANT DO NOT WRITE BELOW THIS LINE)

| | | | | |
|--|---|-------------------------------------|------------------------|------------|
| DO NOT WRITE IN THIS SPACE | ABSTRACT OF SUPPORTING EVIDENCE | | | |
| | NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE) WAS MADE | | DATE ORIGINAL DOCUMENT | |
| | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE | | | |
| | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | ADDITIONAL INFORMATION | | | |
| I certify that I have examined the documents referred to above, that they show no changes or erasures and appear to be authentic | | STATE REGISTRAR OF VITAL STATISTICS | EVIDENCE REVIEWED BY | DATE FILED |

DH 433, 1/00
(Replaces Previous Editions)