STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

9

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO.

VOID IF ALTERED OR ERASED

DECEDENT

1. DECEDENT'S NAME — FIRST: Joan — MIDDLE: — LAST: Monat — 2. SEX: Female

3. DATE OF DEATH (Month, Day, Year): April 1, 2002 — 4. SOCIAL SECURITY NUMBER: 083-14-1837 — 5a. AGE-Last Birthday (years): 84 — 5b. UNDER 1 YEAR: Months / Days — 5c. UNDER 1 Day: Hours / Minutes

6. DATE OF BIRTH (Month, Day, Year): March 12, 1918 — 7. BIRTHPLACE (City and State or Foreign Country): New York City, New York — 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No

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

9c. FACILITY NAME (If not institution, give street and number): Memorial Hospital Ormond Beach — 9d. CITY, TOWN, OR LOCATION OF DEATH: Ormond Beach — 9e. COUNTY OF DEATH: Volusia

10a. DECEDENT'S USUAL OCCUPATION: Homemaker — 10b. KIND OF BUSINESS/INDUSTRY: Own Home — 11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widowed — 12. SURVIVING SPOUSE (If wife, give maiden name):

PARENTS

13a. RESIDENCE – STATE: New Jersey — 13b. COUNTY: Sussex — 13c. CITY, TOWN, OR LOCATION: Sparta — 13d. STREET AND NUMBER: 14 Sagamore Trail

13e. INSIDE CITY LIMITS? (Yes or No): No — 13f. ZIP CODE: 07871 — 14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.): X No ___ Yes — Specify: — 15. RACE – American Indian, Black, White, etc. Specify: White — 16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary-Secondary (0 - 12): 12 — College (1-4 or 5 +):

17. FATHER'S NAME (First, Middle, Last): Ed Goodchild — 18. MOTHER'S NAME (First, Middle, Maiden Surname): Josephine Walsh

DISPOSITION

19a. INFORMANT'S NAME (Type/Print): Edward Monat — 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 14 Sagamore Trail Sparta New Jersey 07871

20a. METHOD OF DISPOSITION: ___ Burial ___ Cremation X Removal from State ___ Donation ___ Other (Specify) — 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Rosehill Cemetery — 20c. LOCATION – City or Town, State: Linden New Jersey

CERTIFIER

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — 21b. LICENSE NUMBER (of Licensee): 3626 — 21c. NAME AND ADDRESS OF FACILITY: Baldwin Brothers Memorial Care Services, One North Causeway, New Smyrna Beach, Florida 32169-

To be Completed by CERTIFYING PHYSICIAN Only:
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.): 4/4/02 — 22c. HOUR OF DEATH: 9:20 am
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER:
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): Craig Miller DO 290 Clyde Morris Blvd, Suite C-2, Ormond Beach, FL 32174

25a. SUBREGISTRAR – SIGNATURE AND DATE — 25b. LOCAL REGISTRAR – SIGNATURE: Carol Medeiros COR — 25c. DATE REGISTERED: Apr 9, 2002

CAUSE OF DEATH BY CERTIFIER

Part II

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.	Cardiopulmonary Arrest DUE TO (OR AS A CONSEQUENCE OF):	5min
b.	Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF):	6hrs.
c.	DUE TO (OR AS A CONSEQUENCE OF):	
d.		

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

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

32e. 28. 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)

32f. 31. PROBABLE MANNER OF DEATH (Specify): Natural, accident, suicide, homicide, or undetermined: Natural — 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)

DH 512, 9/96 (Replaces HRS Form 512)

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

APR 09 2002

BY Carol Medeiros, State Registrar

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.

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THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10/98)

CERTIFICATION OF VITAL RECORD