

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) George R. Wenzinger				2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) July 24, 1933		4a. AGE-Last Birthday (Years) 74		4b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____	
5. DATE OF DEATH (Month, Day, Year) November 10, 2007 -Found					
6. SOCIAL SECURITY NUMBER 487-38-5414		7. BIRTHPLACE (City and State or Foreign Country) Unobtainable, Virginia		8. COUNTY OF DEATH Hillsborough	
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 <input checked="" type="checkbox"/> Decedent's Home ___ Other (Specify)					
10. FACILITY NAME (If not institution, give street address) 17911 Pepper Tree Lane			11a. CITY, TOWN, OR LOCATION OF DEATH Lutz		11b. INSIDE CITY LIMITS? ___ Yes <input checked="" type="checkbox"/> No
12. MARITAL STATUS (Specify) ___ Married ___ Married, but Separated ___ Widowed <input checked="" type="checkbox"/> Divorced ___ Never Married			13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		
14a. RESIDENCE - STATE Florida		14b. COUNTY Hillsborough		14c. CITY, TOWN, OR LOCATION Lutz	
14d. STREET ADDRESS 17911 Pepper Tree Lane			14e. APT. NO.	14f. ZIP CODE 33548	14g. INSIDE CITY LIMITS? ___ Yes <input checked="" type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" Chemistry Professor			15b. KIND OF BUSINESS/INDUSTRY University		
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Doctorate					19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes <input checked="" type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) Carl J. Wenzinger			21. MOTHER'S NAME (First, Middle, Maiden Surname) Emma Kaelin		
22a. INFORMANT'S NAME Karen Wenzinger			22b. RELATIONSHIP TO DECEDENT Niece		23a. INFORMANT'S MAILING - STATE California
23b. CITY OR TOWN Pleasanton		23c. STREET ADDRESS 884 Bricco Court		23d. ZIP CODE 94566	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Directors Service		25a. LOCATION - STATE Florida		25b. LOCATION - CITY OR TOWN St. Petersburg	
26a. METHOD OF DISPOSITION ___ Burial ___ Entombment <input checked="" type="checkbox"/> Cremation ___ Donation ___ Removal from State ___ Other (Specify)					
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes ___ No		27a. LICENSE NUMBER (of Licensee) F047132		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Janet L. Belshee	
28. NAME OF FUNERAL FACILITY Neptune Society			29a. FACILITY'S MAILING - STATE Florida		
29b. CITY OR TOWN Palm Harbor		29c. STREET ADDRESS 34042 US Hwy 19 N.		29d. ZIP CODE 34684	
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) <input checked="" type="checkbox"/> 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) Signature of Jacqueline A. Lee		31b. DATE SIGNED (mm/dd/yyyy) 11/11/2007		32. TIME OF DEATH (24 hr.) fd: 1300	
34. LICENSE NUMBER (of Certifier) ME 84757		34b. CERTIFIER'S NAME Jacqueline A. Lee, MD		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
36a. CERTIFIER'S - STATE Florida		36b. CITY OR TOWN Tampa		36c. STREET ADDRESS 401 South Morgan Street	
36d. ZIP CODE 33602					
37. SUBREGISTRAR - Signature and Date Signature of [unclear] 11/14/07		38a. LOCAL REGISTRAR - Signature Signature of [unclear]		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) NOV 16 2007	

Quinn Perez
CHIEF DEPUTY REGISTRAR

NOV 16 2007

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.



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CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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State of Florida, Department of Health, Vital Statistics