

FL

FL

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 80-015288

COUNTY FILE NO. 477

Department of Health and Subsequent Action Services

AMENDED JUN 0 1980

FLORIDA

1. DECEASED—NAME FIRST: Alma MIDDLE: C. LAST: Stearns			2. SEX Female	DATE OF DEATH (Mo., Day, Yr.) Feb. 29, 1980
3. RACE (e.g., White, Black, Am. Indian, etc.) (Specify) White		4. AGE—Last Birthday Mo. 80 Yr. 80	5. UNDER 1 YEAR Mo. 5b DAYS	6. UNDER 1 DAY HOURS 5c MINS.
7a. CITY, TOWN OR LOCATION OF DEATH Ft. Myers		7b. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) Lee Memorial Hospital		7c. COUNTY OF DEATH Lee
8. STATE OF BIRTH (If not in U.S.A., name country) Penn.	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Eric S. Stearns	
12. SOCIAL SECURITY NUMBER 196-40-6357		13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		13b. KIND OF BUSINESS OR INDUSTRY Home
14a. RESIDENCE—STATE Florida	14b. COUNTY Lee	14c. CITY, TOWN OR LOCATION Ft. Myers	14d. STREET AND NUMBER 1660 Carter Place	14e. INSIDE CITY LIMITS (Specify Yes or No) Yes
15. FATHER—NAME FIRST MIDDLE LAST George T. Carey			16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Libbie Phillips	
17a. INFORMANT—NAME (Type or Print) Eric S. Stearns		17b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 1660 Carter Place, Ft. Myers, Fla. 33901		
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal		18b. CEMETERY OR CREMATORY—NAME South Harford Cem.		18c. LOCATION CITY OR TOWN STATE Harford, Pennsylvania
19a. FUNERAL DIRECTOR—(Signature) <i>William H. Henson</i>		19b. FUNERAL HOME Leo W. Engelhardt Funeral Home 2017 McGregor Blvd., Ft. Myers, Fla. 33901		
20a. To be Completed by CERTIFYING PHYSICIAN ONLY 20a. On the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Richard Plummer</i>		20b. DATE SIGNED (Mo., Day, Yr.) 3-1-80		20c. HOUR OF DEATH 6:30 a.
20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) Richard Plummer, M.D., 3707 Broadway, Ft. Myers, Fla. 33901		21a. 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) stated. (Signature and Title) <i>Richard Plummer</i>		21b. DATE SIGNED (Mo., Day, Yr.)
21c. HOUR OF DEATH		21d. PRONOUNCED DEAD (Mo., Day, Yr.)		21e. PRONOUNCED DEAD (Hour)
21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print)		21g. ON		21h. AT
22. REGISTRAR <i>Beverly J. Engelhardt, Sub Registrar</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 3, 1980		
23. IMMEDIATE CAUSE PART (a) <i>Myocardial infarction</i>		Internal between onset and death Two Weeks		
23. DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
23. DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART 1 (a) (Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify) <i>Rheumatic Arthritis</i>		24. ARE YOU CURRENTLY EMPLOYED? No		25. WAS CARE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) No
26. (Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify)	27. DATE OF INJURY (Mo., Day, Yr.)	28. HOUR OF INJURY	29. DESCRIBE HOW INJURY OCCURRED	
30. INJURY AT WORK (Specify Yes or No)	31. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	32. LOCATION	33. STREET OR R.F.D. NO.	34. CITY OR TOWN STATE

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

C. Meade Griggs, State Registrar

Date Issued: NOV 15 2013

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

WARNING:



DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

