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(NOT VALID UNLESS THE SEAL OF THE STATE OF FLORIDA, DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, DIVISION OF HEALTH IS AFFIXED.)

JUN 10 1971

Evelyn H. Williams, J.
CHIEF, BUREAU OF VITAL STATISTICS

Wilson T. Souder, M.D.
STATE REGISTRAR, DIRECTOR, DIVISION OF HEALTH — DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CERTIFICATE OF DEATH FLORIDA

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

STATE FILE NO. _____
REGISTRAR'S NO. _____

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| 1. DECEASED—NAME FIRST: Earl MIDDLE: Edmonson LAST: Edmonson | | 2. SEX: Male | 3. DATE OF DEATH (MONTH, DAY, YEAR): May 11, 1971 |
| 4. RACE: White | 5a. AGE—LAST BIRTHDAY (YEARS): 81 | 5b. UNDER 1 YEAR: 5b. | 5c. UNDER 1 DAY: 5c. |
| 6. DATE OF BIRTH (MONTH, DAY, YEAR): Nov. 20, 1889 | | 7. COUNTY OF DEATH: Lake | |
| 7b. CITY, TOWN, OR LOCATION OF DEATH: Leesburg | | 7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes | |
| 7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Leesburg Hospital | | | |
| 8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Pennsylvania | 9. CITIZEN OF WHAT COUNTRY: USA | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): |
| 12. SOCIAL SECURITY NUMBER: 266 36 7607 | 13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Prof. Baseball player/Ret. | | 13b. KIND OF BUSINESS OR INDUSTRY: |
| 14a. RESIDENCE—STATE: Florida | 14b. COUNTY: Orange | 14c. CITY, TOWN, OR LOCATION: Orlando | 14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes |
| 15. FATHER—NAME: Unknown | | 16. MOTHER—MAIDEN NAME: Unknown | |
| 17a. INFORMANT—NAME: Mrs. Oris Martin | | 17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 908 E. Oregon St. Orlando, Florida | |

THIS SECTION CONTAINS CONFIDENTIAL MEDICAL CERTIFICATION

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| 21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 5-11-71 TO 5-11-71 | | 21b. AND LAST SAW HIM/HER ALIVE ON 5-11-71 | | 21c. I DID/DID NOT VIEW THE BODY AFTER DEATH. I did | | 21d. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED: 8:30 A.M. | | | | | |
| 22a. 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: 5-11-71 | | | | 22b. HOUR OF DEATH: 8 A.M. | | | | 22c. THE DECEDENT WAS PRONOUNCED DEAD: 5-11-71 | | | |
| 23a. CERTIFIER—NAME (TYPE OR PRINT): William V. Shatre | | | 23b. SIGNATURE: <i>William V. Shatre</i> | | | 23c. DEGREE OR TITLE: M.D. | | | 23d. DATE SIGNED (MONTH, DAY, YEAR): 5-12-71 | | |
| 23e. MAILING ADDRESS—CERTIFIER: 400 E. ... | | | 23f. STREET OR R.F.D. NO.: ... | | | 23g. CITY OR TOWN: Leesburg | | | 23h. STATE: Fla. | | |
| 24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | | | 24b. CEMETERY OR CREMATORY—NAME: Greenwood Cemetery | | | 24c. LOCATION: Orlando, Florida | | | 24d. CITY OR TOWN: Orlando, Florida | | |
| 24e. DATE: May 13, 1971 | | | 24f. FUNERAL HOME—NAME AND ADDRESS: Fairchild Funeral 301 N. Ivanhoe Blvd. Orlando, Florida 32804 | | | 24g. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP: ... | | | 24h. STATE: Fla. | | |
| 25a. FUNERAL DIRECTOR—SIGNATURE: <i>Joseph F. ...</i> | | | 25b. REGISTRAR—SIGNATURE: <i>Catherine C. Oylar</i> | | | 25c. DATE RECEIVED BY LOCAL REGISTRAR: May 12, 1971 | | | 25d. STATE: Fla. | | |