

CERTIFICATE OF DEATH  
FLORIDA

STATE FILE NO. 68-047370  
REGISTRAR'S NO. 49

BIRTH NO.

1. PLACE OF DEATH a. COUNTY <u>Sarasota</u>		CODE NO. <u>68.045</u>	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Marion</u>	
b. CITY, TOWN, OR LOCATION <u>Sarasota</u>		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	c. CITY, TOWN, OR LOCATION <u>Indianapolis</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>1625 S. Osprey Avenue</u>		d. STREET ADDRESS <u>1625 S. Osprey Avenue</u>		

3. NAME OF DECEASED (Type or print) First <u>RAYMOND</u> Middle <u>BENJAMIN</u> Last <u>MOWE</u>			4. DATE OF DEATH Month <u>August</u> Day <u>14</u> Year <u>1968</u>		
5. SEX <u>Male</u>	6. COLOR OF FACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 12, 1889</u>		9. AGE (In years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Mgr. - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Westinghouse Corp.</u>		11. BIRTHPLACE (State or foreign country) <u>Rochester, Indiana</u>	
13. FATHER'S NAME <u>Jessie Mowe</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
16. SOCIAL SECURITY NO. <u>304-05-3874</u>		17. INFORMANT'S SIGNATURE <u>Mr. John Mowe</u> Address <u>St. Thomas, V. I.</u>			

MEDICAL CERTIFICATION	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CVA - pulmonary</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>
	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Diabetic Mellitus</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
	20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____		
21. I attended the deceased from <u>2-22-65</u> to <u>death</u> and last saw <sup>her</sup> <u>him</u> alive on <u>5-7-68</u> Death occurred at <u>6:20 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>W. C. DeFate M.D.</u> (Degree or title)		22b. ADDRESS <u>Sarasota, Florida</u> <u>40 S. Blvd. of Pres.</u>		22c. DATE SIGNED <u>8-16-68</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>8-17-68</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sarasota</u>	23d. LOCATION (City, town, or county) (State) <u>Sarasota, Fla.</u>	
24. FUNERAL DIRECTOR'S SIGNATURE <u>Roberts Funeral Home, Inc.</u> ADDRESS <u>Sarasota, Fla.</u>		25. DATE RECD. BY LOCAL REG. <u>8-16-68</u>	26. REGISTRAR'S SIGNATURE <u>Shirley Ann Spalding, Sub.</u>	