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FL

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH 0 2 0 8 7 3 3 4
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST MIDDLE LAST Theodore Samuel Williams			2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) July 05, 2002		4. SOCIAL SECURITY NUMBER 565-03-1343		5a. AGE-Last Birthday (years) 83
6. DATE OF BIRTH (Month, Day, Year) August 30, 1918		7. BIRTHPLACE (City and State or Foreign Country) San Diego, California		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes
9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: Inpatient <input checked="" type="checkbox"/> 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) Citrus Memorial Hospital		9d. CITY, TOWN, OR LOCATION OF DEATH Inverness		9e. COUNTY OF DEATH Citrus
10a. DECEDENT'S USUAL OCCUPATION Baseball Player		10b. KIND OF BUSINESS/INDUSTRY Boston Red Sox		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced
12. SURVIVING SPOUSE (If wife, give maiden name)				
13a. RESIDENCE - STATE Florida		13b. COUNTY Citrus		13c. CITY, TOWN, OR LOCATION Hernando
13d. STREET AND NUMBER 495 W. Ted Williams Ct.				
13e. INSIDE CITY LIMITS? (Yes or No) No		13f. ZIP CODE 34442		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No
15. RACE - American Indian, Black, White, etc. Specify: White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary College (1-4 or 5+) (0-12) 12		
17. FATHER'S NAME (First, Middle, Last) Samuel Williams			18. MOTHER'S NAME (First, Middle, Maiden Surname) Mae Benzor	
19a. INFORMANT'S NAME (Type/Print) John Henry Williams		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 495 W. Ted Williams Court Hernando, FL 34442		
20a. METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Undetermined		20c. LOCATION - City or Town, State Undetermined
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>S. Wright A. Hooper</i>		21b. LICENSE NUMBER (of Licensee) 3982		21c. NAME AND ADDRESS OF FACILITY Hooper Funeral Homes, Inc. 501 W. Main St., Inverness, FL 34450
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) <i>Thomas J. Stringer</i>		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) <i>Thomas J. Stringer</i>		
22b. DATE SIGNED (Mo., Day, Yr) 7/11/02		22c. HOUR OF DEATH 8:49 A		23b. DATE SIGNED (Mo., Day, Yr) 7/11/02
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23c. HOUR OF DEATH M		
23d. MEDICAL EXAMINER'S CASE #				
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Thomas Stringer, MD 609 W. Highland Blvd., Inverness, Florida 34452				
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>A. Wade Grij</i>		25b. LOCAL REGISTRAR - SIGNATURE <i>Eden M. Ellison, CDR</i>		25c. DATE REGISTERED July 12, 2002

State Registrar

Date Issued: JAN 10 2007

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 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.

WARNING:

FLORIDA DEPARTMENT OF HEALTH

DH FORM 1946 (08-04)

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CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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