

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 65-045541
REGISTRAR'S NO. 8555

BIRTH NO.

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		CODE NO. <u>23-XXX</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Florida</u> b. COUNTY <u>Dade</u>	
b. CITY, TOWN, OR LOCATION <u>Homestead</u>		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	c. CITY, TOWN, OR LOCATION <u>Homestead</u>	
d. NAME OF HOSPITAL OR INSTITUTION <u>29940 S. W. 153 Place</u>		e. LENGTH OF STAY IN 1b <u>3 Yrs</u>	d. STREET ADDRESS <u>29940 S. W. 153 Place</u>	
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>W</u> Last <u>EMMER</u>			4. DATE OF DEATH Month <u>October</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>February 17, 1896</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, seen if retired) <u>Police Chief (Ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Westinghouse Corporation</u>	9. AGE (In years last birthday) <u>67</u>	
13. FATHER'S NAME <u>Henry Emmer</u>		14. MOTHER'S MAIDEN NAME <u>Addie Zimmerman</u>		11. BIRTHPLACE (State or foreign country) <u>Crestline, Ohio</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>276-05-9676</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
17. INFORMANT'S SIGNATURE <u>Mrs Margaret E. Emmer</u> Address <u>29940 S. W. 153 Place, Homestead</u>				
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>Coronary Artery Disease</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				INTERVAL BETWEEN ONSET AND DEATH
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>1962</u> to <u>Oct. 18-1963</u> and last saw ^{her} him alive on <u>Oct. 18-1963</u> . Death occurred at <u>5:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>J. W. [Signature]</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Homestead, Florida</u>		22c. DATE SIGNED <u>10/19/63</u>
23a. BURIAL OR CREMATION REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>10-21-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grove Park Crematorium</u>	23d. LOCATION (City, town, or county) (State) <u>Miami, Florida</u>	
24. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Homestead, Fla.</u>		25. DATE RECD. BY LOCAL REG. <u>October 21, 1963</u>	26. REGISTRAR'S SIGNATURE <u>M. J. [Signature]</u>	

MEDICAL CERTIFICATION