

**CERTIFICATE OF DEATH
FLORIDA**

9 7 0 2 9 5 2 8

LOCAL FILE NO.

1 DECEDENT'S NAME FIRST: JOSEPH MIDDLE: PAUL LAST: Di MAGGIO			2 SEX MALE	
3 DATE OF DEATH (Month, Day, Year) MARCH 8, 1999		4 SOCIAL SECURITY NUMBER		5a AGE Last Birthday (years) 84
6 DATE OF BIRTH (Month, Day, Year) NOVEMBER 25, 1914		7 BIRTHPLACE (City and State or Foreign Country) MARTINEZ, 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 _____ ER/Outpatient _____ DCA _____ OTHER _____ Nursing Home _____ Residence _____ Other (Specify)			9b INSIDE CITY LIMITS? (Yes or No) YES	
9c FACILITY NAME, if not institution, give street and number		9d CITY/TOWN OR LOCATION OF DEATH HOLLYWOOD		9e COUNTY OF DEATH BROWARD
10a DECEDENT'S USUAL OCCUPATION EXECUTIVE	10b KIND OF BUSINESS/INDUSTRY PUBLIC RELATIONS	11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) DIVORCED	12 SURVIVING SPOUSE (if wife, give maiden name)	
13a RESIDENCE - STATE FLORIDA	13b COUNTY BROWARD	13c CITY/TOWN OR LOCATION HOLLYWOOD	13d STREET AND NUMBER 1141 WATERSIDE LANE	
13e INSIDE CITY LIMITS? (Yes or No) YES	13f ZIP CODE 33019	14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - if yes, specify Mexican, Puerto Rican, etc.) X NO	15 RACE - American Indian, Black, White, etc. Specify WHITE	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Senior 12
17 FATHER'S NAME (First, Middle, Last) JOSEPH Di MAGGIO SR.		18 MOTHER'S NAME (First, Middle, Maiden Surname) ROSALIA MERCURIO		
19a INFORMANT'S NAME (Type of Priv.) MORRIS ENGELBERG		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3230 STIRLING RD. HOLLYWOOD, FL 33021		
20a METHOD OF DISPOSITION - Burial _____ Cremation <input checked="" type="checkbox"/> Removal from State _____ Donation _____ Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place) HOLY CROSS CEMETERY	20c LOCATION - City or Town, State COLMA, CALIFORNIA	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Bruce J. Fontana</i>		21b LICENSE NUMBER of Licensee 3772	21c NAME AND ADDRESS OF FACILITY VAN ORSDEL PEMBROKE PINES 33025 100 S. DOUGLAS ROAD, PEMBROKE PINES, FL	
22a On the basis of personal knowledge, death occurred at the time, date and place and due to the causes stated (Signature and Title) <i>Howard Barron M.D.</i>		22b On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes and manner as stated (Signature and Title)		
22c DATE SIGNED (Mo., Day, Yr.) 3/8/99		22d HOUR OF DEATH 12:12 A		22e MEDICAL EXAMINER'S CASE #
23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Priv.) HOWARD J. BARRON M.D. 4700-F SHERIDAN STREET, HOLLYWOOD, FL 33021		24		
25a SUBREGISTRAR - SIGNATURE AND DATE <i>Jay B. Faria</i> 3/8/1999		25b LOCAL REGISTRAR - SIGNATURE <i>Davis Owens</i>		25c DATE REGISTERED MAR 9 1999

To Be Completed by CERTIFYING PHYSICIAN Only

To Be Completed by MEDICAL EXAMINER

This certificate is subject to the provisions of Chapter 381, Florida Statutes, which governs the death certificate. Do not enter the name of funeral home on this certificate unless it is the funeral home that is providing the funeral services. If the funeral home is not providing the funeral services, do not enter the name of the funeral home on this certificate.