

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 10250

RTH NO.		REGISTRAR'S NO.	
PLACE OF DEATH COUNTY <u>Pinellas</u>		CODE NO. <u>62-63</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>St. Josephs</u>
CITY, TOWN, OR LOCATION <u>Tarpon Springs</u>		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	c. CITY, TOWN, OR LOCATION <u>South Bend</u> d. STREET ADDRESS <u>825 S. 24th Street RR-13</u>
NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Tarpon Springs Hospital D.O.A.</u>		c. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
AGE OF DECEASED (Type or print) First Middle Last <u>Rhesa Edward Smith</u>		4. DATE OF DEATH Month Day Year <u>March 20 1956</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 21, 1879</u>
9. AGE (In years last birthday) <u>77</u>		10. KIND OF BUSINESS OR INDUSTRY <u>School System</u>	11. BIRTHPLACE (State or foreign country) <u>Kosciusko County, Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Albert Smith</u>	
14. MOTHER'S MAIDEN NAME <u>Nancy Blue</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? no. or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>309-34-7241</u>		17. INFORMANT'S SIGNATURE <u>Rydon C. Smith</u> Address <u>825 S. 24th St., South Bend, Indiana</u>	
8. 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 Thrombosis Acute</u>			INTERVAL BETWEEN ONSET AND DEATH <u>0</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>4201</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.) <u>4201</u>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
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 _____, to _____ and last saw him <u>POA</u> on <u>5/20/56</u> . Death occurred at <u>1:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Dunedin, Florida</u>	
22c. DATE SIGNED <u>3/21/56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-21-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>River View Cemetery</u>
23d. LOCATION (City, town, or county) <u>South Bend</u>		23e. STATE <u>Indiana</u>	
26. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		25. DATE RECD. BY LOCAL REG. <u>3-21-56</u>	26. REGISTRAR'S SIGNATURE <u>Ella Davidson</u>
ADDRESS <u>Moss Funeral Home Clearwater, Florida</u>			