

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: [REDACTED]

DATE ISSUED: [REDACTED]

DECEDENT INFORMATION

DATE FILED: [REDACTED]

NAME: WILLIAM LEONARD FIZER

DATE OF DEATH: [REDACTED] SEX: [REDACTED] SSN: [REDACTED] AGE: [REDACTED]

DATE OF BIRTH: [REDACTED] BIRTHPLACE: [REDACTED]

PLACE OF DEATH: [REDACTED]

FACILITY NAME OR STREET ADDRESS: [REDACTED]

LOCATION OF DEATH: [REDACTED]

RESIDENCE: [REDACTED] COUNTY: COLUMBIA

OCCUPATION, INDUSTRY: [REDACTED]

EDUCATION: [REDACTED] EVER IN U.S. ARMED FORCES? [REDACTED]

HISPANIC OR HAITIAN ORIGIN? [REDACTED]

RACE: [REDACTED]

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: [REDACTED]

SURVIVING SPOUSE NAME: [REDACTED]

FATHER'S/PARENT'S NAME: [REDACTED]

MOTHER'S/PARENT'S NAME: [REDACTED]

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: ZETTIA LOIS FIZER

RELATIONSHIP TO DECEDENT: [REDACTED]

INFORMANT'S ADDRESS: [REDACTED]

FUNERAL DIRECTOR/LICENSE NUMBER: [REDACTED]

FUNERAL FACILITY: [REDACTED]

[REDACTED]

METHOD OF DISPOSITION: [REDACTED]

PLACE OF DISPOSITION: [REDACTED]

CERTIFIER INFORMATION

TYPE OF CERTIFIER: [REDACTED]

MEDICAL EXAMINER CASE NUMBER: [REDACTED]

TIME OF DEATH (24 HOUR): [REDACTED]

DATE CERTIFIED: [REDACTED]

CERTIFIER'S NAME: [REDACTED]

CERTIFIER'S LICENSE NUMBER: [REDACTED]

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): [REDACTED]

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: [REDACTED]

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: [REDACTED]

a. [REDACTED] UNKNOWN

b.

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

[REDACTED]

[REDACTED]

AUTOPSY PERFORMED? [REDACTED]

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? [REDACTED]

REASON FOR SURGERY:

PREGNANCY INFORMATION: [REDACTED]

DATE OF INJURY: [REDACTED]

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

[Signature], STATE REGISTRAR

REQ: [REDACTED]

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WARNING:



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