

APP → #55802

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THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.



BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER:

DATE ISSUED:

DECEDENT INFORMATION

DATE FILED:

NAME: ELIHU HEALEAH RUSS

DATE OF DEATH:

SEX: MALE SSN:

AGE: YEARS

DATE OF BIRTH:

BIRTHPLACE: LAKE CITY, FLORIDA, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS:

LOCATION OF DEATH: LAKE CITY, COLUMBIA COUNTY, 32055

RESIDENCE: 903 INDIAN SHORE DRIVE LAKE CITY, FLORIDA 32055, UNITED STATES

COUNTY: COLUMBIA

OCCUPATION, INDUSTRY:

EDUCATION:

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN?

RACE:

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: ASHLEY LEWIS RUSS

MOTHER'S/PARENT'S NAME: MEDDIE EVANS

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: BECKY R TABOR

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 22949 NORTHEAST 136TH DRIVE, RAIFORD, FLORIDA 32083, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: AMANDA L WEEKS, F056362

FUNERAL FACILITY: ICS CREMATION AND FUNERAL HOME - LAKE CITY F067096

357 NW WILKS LANE, LAKE CITY, FLORIDA 32055

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: ICS CREMATORY

LAKE CITY, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0830

DATE CERTIFIED: NOVEMBER 10, 2021

CERTIFIER'S NAME: KAREN LYNNE LAAUWE

CERTIFIER'S LICENSE NUMBER: ME86303

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. ACUTE RESPIRATORY FAILURE

UNKNOWN

b. CHRONIC OBSTRUCTIVE PULMONARY DISEASE

UNKNOWN

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: PROTEIN CALORIE MALNUTRITION, HYPERTENSION, CHRONIC KIDNEY DISEASE

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

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:

Kim Jones

STATE REGISTRAR

REQ: 2023358984

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD

