

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2026131517

DATE ISSUED: AUGUST 18, 2026

DECEDENT INFORMATION

DATE FILED: AUGUST 3, 2026

NAME: CATHERINE PEARL GREEN THOMAS

DATE OF DEATH: [REDACTED]

SEX: FEMALE

AGE: 88 YEARS

DATE OF BIRTH: [REDACTED]

SSN: [REDACTED]

BIRTHPLACE: [REDACTED]

PLACE WHERE DEATH OCCURRED: ASSISTED LIVING FACILITY

FACILITY NAME OR STREET ADDRESS: THE HERON ASSISTED LIVING FACILITY

LOCATION OF DEATH: LAKE CITY, COLUMBIA COUNTY, 32055

RESIDENCE: 15512 NORTH US HIGHWAY 441, WHITE SPRINGS, FLORIDA 32056, UNITED STATES

COUNTY: COLUMBIA

OCCUPATION, INDUSTRY: [REDACTED]

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? [REDACTED]

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

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: [REDACTED]

RELATIONSHIP TO DECEDENT: [REDACTED]

INFORMANT'S ADDRESS: [REDACTED]

FUNERAL DIRECTOR/LICENSE NUMBER: [REDACTED]

FUNERAL FACILITY: [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: [REDACTED]

CERTIFIER INFORMATION

TYPE OF CERTIFIER: [REDACTED]

MEDICAL EXAMINER CASE NUMBER: [REDACTED]

TIME OF DEATH (24 HOUR): [REDACTED]

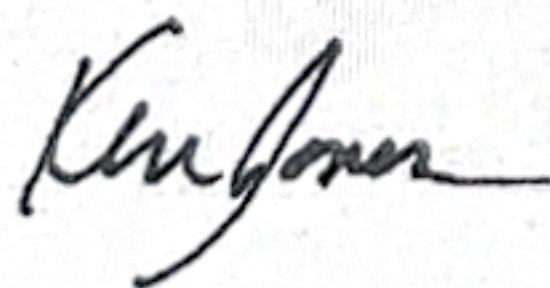
DATE CERTIFIED: [REDACTED]

CERTIFIER'S NAME: WALEK MOHAMMAD WAGI

CERTIFIER'S LICENSE NUMBER: ME100010

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

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

APP: 2026276361

REQ: 1000037447

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

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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



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