STATE OF FLORIDA

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022128518

DATE ISSUED: JULY 18, 2022

DATE FILED: JULY 14, 2022

DECEDENT INFORMATION

NAME: JAMES DAVID FEAGLE

DATE OF DEATH: JULY 11, 2022 SEX: MALE SSN: 263-66-3337 AGE: 082 YEARS

DATE OF BIRTH: JANUARY 27, 1940 BIRTHPLACE: LAKE CITY, FLORIDA, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 991 SE CLINE FEAGLE ROAD

LOCATION OF DEATH: LAKE CITY, COLUMBIA COUNTY, 32025

RESIDENCE: 991 SE CLINE FEAGLE ROAD, LAKE CITY, FLORIDA 32025, UNITED STATES COUNTY: COLUMBIA

OCCUPATION, INDUSTRY: FARMER, AGRICULTURE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: JANICE JOYCE WILSON

FATHER'S/PARENT'S NAME: MARION CLINE FEAGLE

MOTHER'S/PARENT'S NAME: MARY ETTA HANCOCK

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: JANICE FEAGLE

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 991 SE CLINE FEAGLE ROAD, LAKE CITY, FLORIDA 32025, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: WILLIAM GUERRY, FD44044

FUNERAL FACILITY: GUERRY FUNERAL HOME - LAKE CITY F040974
2659 SW MAIN BLVD, LAKE CITY, FLORIDA 32056

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: MT. TABOR CEMETERY
LAKE CITY, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1845 DATE CERTIFIED: JULY 14, 2022

CERTIFIER'S NAME: KAREN LYNNE LAAUWE

CERTIFIER'S LICENSE NUMBER: ME85303

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. CEREBROVASCULAR DISEASE — UNKNOWN

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:
CORONARY ARTERY DISEASE, HYPERLIDIDEMIA, RECURRENT PNEUMONIA

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:

Ken Jones ,STATE REGISTRAR

REQ: 2024199049

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

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VOID IF ALTERED OR ERASED

DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD