TO: Attention: Kelly / Sandy

From: Martha Washington

Re: Requested Certification of Death
for John C. Johnson and Annie P. Johnson

FAX: 1-757-631-4805

My contact # 904.703-6989

DATE OF SURGERY: DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE TIME OF INJURY (24 HOUR): INJURY AT WORK?

LOCATION OF INJURY:

STATE OF FLORIDA

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: 2014071885 **DATE ISSUED:** May 27, 2014

STATE FILE DATE: May 22, 2014

DECEDENT INFORMATION

NAME: ANNIE PEARL JONSON

DATE OF DEATH: May 12, 2014 SEX: FEMALE SSN: 261-18-6949 AGE: 082 YEARS

DATE OF BIRTH: April 18, 1932 BIRTHPLACE: CUTHBERT, GEORGIA, UNITED STATES

PLACE OF DEATH: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: LAKE CITY MEDICAL CENTER

LOCATION OF DEATH: LAKE CITY, COLUMBIA COUNTY, 32055

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): JOHN JOHNSON

RESIDENCE: 1700 S W CYPRESS LAKE ROAD, LAKE CITY, FLORIDA 32024, UNITED STATES COUNTY: COLUMBIA

OCCUPATION, INDUSTRY: HOMEMAKER, OWN HOME

RACE: ___White X Black or African American ___Asian Indian ___Chinese ___Filipino ___Native Hawaiian ___Japanese ___Korean
___American Indian or Alaskan Native--Tribe: ___Vietnamese ___Other Asian:
___Guamian or Chamoro ___Samoan ___Other Pacific Is. ___Other ___Unknown

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

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

PARENTS AND INFORMANT INFORMATION

FATHER: JAMES ELLIS

MOTHER: MARTHA RONNIE

INFORMANT: JOHN JOHNSON

RELATIONSHIP TO DECEDENT: SPOUSE

INFORMANT'S ADDRESS: 1700 S W CYPRESS LAKE ROAD, LAKE CITY, FLORIDA 32024, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: PHILADELPHIA MEMORIAL GARDEN
LAKE CITY, FLORIDA

METHOD OF DISPOSITION: BURIAL

FUNERAL DIRECTOR/LICENSE NUMBER: WILLIS O COOPER, F043811

FUNERAL FACILITY: COOPER FUNERAL HOME LAKE CITY F040031
261 NE WASHINGTON ST, LAKE CITY, FLORIDA 32055

CERTIFIER INFORMATION

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

TIME OF DEATH (24 hr): 2016

CERTIFIER'S NAME: TOMMY LAVAUGHN RANDOLPH

CERTIFIER'S LICENSE NUMBER: ME46235

NAME OF ATTENDING PHYSICIAN (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. CARDIAC ARREST

b. PROBABLE ACUTE MYOCARDIAL INFARCTION

c.

d.

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? NO AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? DID TOBACCO USE CONTRIBUTE TO DEATH? NO

DATE OF SURGERY: REASON FOR SURGERY:

IF FEMALE: NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE TIME OF INJURY (24 hr): INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

VOID IF ALTERED OR ERASED

STATE OF FLORIDA

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021258186

DECEDENT INFORMATION

NAME: JOHN L JOHNSON

DATE ISSUED: JANUARY 3, 2022

DATE FILED: JANUARY 3, 2022

DATE OF DEATH: DECEMBER 25, 2021

DATE OF BIRTH: NOVEMBER 13, 1930

SEX: MALE SSN: 258-44-4815 AGE: 091 YEARS

PLACE OF DEATH: INPATIENT

BIRTHPLACE: SHELLMAN, GEORGIA, UNITED STATES

FACILITY NAME OR STREET ADDRESS: LAKE CITY MEDICAL CENTER

LOCATION OF DEATH: LAKE CITY, COLUMBIA COUNTY, 32055

RESIDENCE: 1700 SW CYPRESS LAKE RD, LAKE CITY, FLORIDA 32024, UNITED STATES

OCCUPATION, INDUSTRY: COLUMBIA COUNTY SCHOOL SYSTEM, MAINTENANCE

EDUCATION: 8TH GRADE OR LESS

COUNTY: COLUMBIA

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

RACE: BLACK OR AFRICAN AMERICAN

EVER IN U.S. ARMED FORCES? NO

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: ROMAN JOHNSON

MOTHER'S/PARENT'S NAME: ESSIE MAY PROCTOR

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: MARTHA D WASHINGTON

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 1700 SW CYPRESS LAKE ROAD, LAKE CITY, FLORIDA 32024, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: BENNIE L THOMAS, F044027

FUNERAL FACILITY: COOPER FUNERAL HOME - LAKE CITY F040031

251 NE WASHINGTON ST, LAKE CITY, FLORIDA 32055

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: PHILADELPHIA MEMORIAL GARDEN

LAKE CITY, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 2130

DATE CERTIFIED: DECEMBER 28, 2021

CERTIFIER'S NAME: ROLANDO DOMINGUEZ MUSTAFA

CERTIFIER'S LICENSE NUMBER: ME123013

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. RESPIRATORY FAILURE

b. BILATERAL PLEURAL EFFUSIONS

c. ESRD

d.

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

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY

DATE OF SURGERY:

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

VOID IF ALTERED OR ERASED