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:** 2020098152

**DATE ISSUED:** JUNE 11, 2020

**DATE FILED:** JUNE 10, 2020

### DECEDENT INFORMATION

NAME: EARL GRAY HOPPER

DATE OF DEATH: JUNE 5, 2020 SEX: MALE SSN: 371-26-3096 AGE: 095 YEARS

DATE OF BIRTH: APRIL 25, 1925 BIRTHPLACE: KENTON, TENNESSEE, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 643 SW LEGION DR

LOCATION OF DEATH: LAKE CITY, COLUMBIA COUNTY, 32024

RESIDENCE: 643 SW LEGION DR, LAKE CITY, FLORIDA 32024, UNITED STATES COUNTY: COLUMBIA

OCCUPATION, INDUSTRY: REPAIRMAN, STEEL MILL

EDUCATION: 8TH GRADE OR LESS 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: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: JESSIE HOPPER

MOTHER'S/PARENT'S NAME: CARRIE HILL

### INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: SALLY HUGGINS

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 643 SW LEGION DR, LAKE CITY, FLORIDA 32024, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: DEBRA L. PARRISH, F045381

FUNERAL FACILITY: DEES-PARRISH FAMILY FUNERAL HOME INC F039886
458 SOUTH MARION AVE, LAKE CITY, FLORIDA 32025

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: MEMORIAL CEMETERY
LAKE CITY, FLORIDA

### CERTIFIER INFORMATION

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

TIME OF DEATH (24 HOUR): 2350 DATE CERTIFIED: JUNE 10, 2020

CERTIFIER'S NAME: ERNEST PAUL DE LEON

CERTIFIER'S LICENSE NUMBER: ME61518

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. THIS PORTION IS CONFIDENTIAL PER FLORIDA STATUTE 382.008 & 382.025

b.

c.

d.

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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?

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:

STATE REGISTRAR

REQ: 2021627546

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 1947 (03-13)

CERTIFICATION OF VITAL RECORD

Florida HEALTH

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Inst: 202112026419 Date: 12/30/2021 Time: 11:56AM
Page 1 of 1 B: 1456 P: 78, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC
Deputy Clerk