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: 2022126589

DATE ISSUED: JULY 13, 2022

DATE FILED: JULY 13, 2022

DECEDENT INFORMATION

NAME: EDITH LEE WILDS

SEX: FEMALE [redacted] AGE: [redacted] YEARS

DATE OF DEATH: [redacted]

DATE OF BIRTH: [redacted]

BIRTHPLACE: MIAMI, FLORIDA, UNITED STATES

PLACE OF DEATH: INPATIENT [redacted]

FACILITY NAME OR STREET ADDRESS: LAKE CITY MEDICAL CENTER [redacted]

LOCATION OF DEATH: [redacted]

COUNTY: [redacted]

RESIDENCE: [redacted]

OCCUPATION, INDUSTRY: STAFF CO[redacted] MEDICAL PERSONNEL

EDUCATION: HIGH SCHOOL GRADUA[redacted] COMPLETED EVER IN U.S. ARMED FOR[redacted]

HISPANIC OR HAITIAN ORIGIN? NO [redacted]

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: [redacted]

SURVIVING SPOUSE NAME: [redacted]

FATHER'S/PARENT'S NAME: JESSE [redacted]

MOTHER'S/PARENT'S NAME: CLARA [redacted]

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

[redacted] MILTON, W[redacted]

RELA[redacted] DECEDENT: SON

INFORMANT'S ADDRESS: [redacted] UNITED STATES

FUNER[redacted]

FUN[redacted] FUNE[redacted] FLORIDA [redacted]

PLACE OF [redacted] CHURCH CEMETERY

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: [redacted]

CERTIFIER'S NAME: [redacted] MARCELO FARELA

CERTIFIER'S LICENSE NUMBER: ME[redacted]

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

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: [redacted]

DATE OF INJURY: [redacted] INTERVAL: ONSET TO DEATH

ACTION OF OTHER PARTIES: [redacted]

a. [redacted]

b. [redacted]

c.

d.

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

AUTOPSY PERFORMED? NO [redacted] DEATH?

DATE OF SURGERY: [redacted]

DID TOBACCO CONTRIBUTE TO DEATH? [redacted]

REASON FOR SURGERY: [redacted]

PREGNANCY INFORMATION: NOT [redacted]

TIME OF INJURY: [redacted]

DATE OF INJURY: NOT APPLICABLE [redacted] INJURY AT WORK?

LOCATION OF INJURY: [redacted]

DESCRIBE HOW INJURY OCCURRED: [redacted]

PLACE OF INJURY: [redacted]

IF TRANSPORTATION INJURY, STATUS OF DECEDE[redacted] TYPE OF VEHICLE: [redacted]

Ken Jones ,STATE REGISTRAR

REQ: 2024185998

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

Florida HEALTH

VOID IF ALTERED OR ERASED

Inst: 202312014317 Date: 07/31/2023 Time: 11:27AM
Page 1 of 1 B: 1495 P: 2503, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC
Deputy Clerk