

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: [REDACTED]

DATE ISSUED: [REDACTED]

DECEDENT INFORMATION

DATE FILED: [REDACTED]

NAME: NORMA ROBINSON DICKS

AKA: [REDACTED]

DATE OF DEATH: [REDACTED]

DATE OF BIRTH: [REDACTED]

PLACE OF DEATH: [REDACTED]

FACILITY NAME OR STREET ADDRESS [REDACTED]

LOCATION OF DEATH: LAKE CITY, COLUMBIA COUNTY, 32025

RESIDENCE [REDACTED]

OCCUPATION, INDUSTRY: HOMEMAKER, OWN HOME

EDUCATION: [REDACTED]

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

CAUSE OF DEATH AND INJURY INFORMATION

[REDACTED] APPROXIMATE INTERVAL ONSET TO DEATH

a.

b.

c.

d.

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

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: [REDACTED]

DECEDENT INFORMATION

NAME: RODNEY SETH DICKS

DATE OF BIRTH: JULY 18, 1933

LAKE CITY, FLORIDA

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE
DATE CERTIFIED: FEBRUARY 23, 2018

TERED OR ERASED

VOID IF ALTERED