50. DESCRIBE HOW INJURY OCCURRED



## CERTIFIED COPY

Adell Louise Watson Gray			f. I	.v						2. SEX Female
DATE OF BIRTH (Month, Day, Year)	4a. AGE-Last (Years)		4b, UNDER		Days	4c, UNDER 1	DAY Minutes	June 1		onth, Day, Year)
May 20, 1932 SOCIAL SECURITY NUMBER	7. BIRTHPLACE (C	75 Sitv and Sta	ate or Foreig	on Country)		, 8.	COUNTY OF		3, 200	) i
267-56-4889	Columbia	S. Carrier					Alachua			
PLACE OF DEATH HOSPITAL: X	Inpatient	Emerg	ency Room/	Outpatient	_	Dead On A	rival			
(Check only one) NON-HOSPITAL		Nursin	g Home/Lone	g Term Care	Facility	_ Decedent's	Home	Other (Specify)	Lon	WEIGH OUTY LAIRE
O. FACILITY NAME (If not institution give street					110000000000000000000000000000000000000	TOWN, OR LO	OGATION OF	DEATH	0.020	Yes X No
Shands Hospital @ U . Of	ng.				Gai		ING SPOUSE	S NAME (If we'e, g		
MarriedMarried, but Separate	d X Widowed		Drvorceu	N	ever Married	None				
4a. RESIDENCE - STATE 14b. COUNTY						14c. CITY, TOWN, OR LOCATION				
Florida Duval						Jacksonville  14e. APT. NO. 14f. ZIP CODE 14g. INSIDE				INSIDE CITY LIMITS
4236 Ketongo Drive South						146.	API. NO.	32209	14g.	X YesNo
4226 Katanga Drive South		one durina	most of wor	king life.)		15b. KIND O	F BUSINESS/		-	165140
Do not use 'Retired" Cosmotologi	ist						/ Skin C	NOON CO.		100
16. DECEDENT'S RACE (Specify the race/race	es to indicate what de	cedent co	onsidered hin	nself/herself	to be. More !	han one race r	nay be specifie	nd.)		大学
WhiteX Black or Africa		Am	erican Indian		Native (Speci			4		
Asian Indian Chinese	— Filipino	Jap		Korea	Side of the last	_ Vietnamese	Ott	ner Asian (Specify) Other i		
Native Hawaiian Guamanian o 17. DECEDENT OF HISPANIC/HAITIAN ORIG			moan X		Pacific Isl. (S		Puerto Rico			rai/South American
<ol> <li>DECEDENT OF HISPANIC/HAITIAN ORIG (Specify if decedent was of Hispanic or Hait</li> </ol>	tian Origin.) —— Ye	s (II Yes, s	specify) _^	_NO		ther Hispanic				Hail
18. DECEDENT'S EDUCATION (Specify the rie	ecedent's highest deg	ree çı lev	rei of school	completed a	t time of death	h.)				DECEDENT EVER :
	scháol but no diplom			treat riiplam				Declaration of the contract of		Yes X No
College but no degree Co	ollege degree (Specify	0:	X Associa	21. MOTI	Bachelor's	Mas (First. Middle,		Doctorate me)		TesIND
Simon C. Watson				25/21/2000/2019 (1)	ara Ande			2.72		
22a, INFORMANT'S NAME						O DECEDENT	100	NFORMANT'S MA	ILING - S	TATE
Siwina Gray					aughter			lorida	1	3d. ZIP CODE
23b CITY OR TOWN			REET ADDR						1	32208
Jacksonville 24. PLACE OF DISPOSITION (Name of come)				VACION	-				TOWN	
	tery cramatory or of	her place)	6	25a LOCA	TION - STATE		25b. LO	CATION - CITY OF	1 101111	
Mount Moriah Cem	tery crematory or ot netery	her place)			rida			ort Whi		
Mount Moriah Cem	netery			Flo	rida	Removal From	Fo	Ort Whi	te	
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Mount Moriah Cem  26a. METHOD OF DISPOSITION X Bun  26b. IF CREMATION, DONATION OR BURIAY WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes  28. NAME OF FUNERAL FACILITY  Buggs-Bellamy Funeral Services  29b. CITY OR TOWN  Jacksonville  30. CERTIFIER: X Certifying Physician (Check one) Medical Examiner Of  31a. (Signifuge and Title of Certifier)  34a. LICENSE NUMBER Of Certifier)  34b. CERTIFIERS - STATE 36b CITY OR  Florida Gaine  37. SUBREGISTRAR - Signature and Date  Matural  41. CAUSE OF DEATH - The Andural  41. CAUSE OF DEATH - Part I. (See instructions on back)  IMMEDIATE CAUSE  (Final disease or condition resulting in death)  Sequentially list conditions. If any leading to the cause	netery  laiEntombro  Lat SEA. 27a No  s, Inc.  To the best of my k  on the basis of examin  CERTIFIER'S NAM  Dr. Eloi  TOWN  esville  06/27/2007  following are under tt  AccidentSuic	29c. S12 29c	Cremation E NUMBER FE619' TREET ADDI 936 Jer death occur difor investigal 31b DATE 1. Ha  Odal REGIS tion of the me Homicide uries, or com ardiac arrest.	F1.0	rida  ation	Removal From NATURE OF A  place, and due -occurred at th 32 TiME OF 18  Arche  ation	UNERAL SER UNERAL SER 129a. FA FIO  to the cause(s) 155  ME OF ATTE  TROA  determined  h. Enter only on without show	OTH Whi OTHER (Specify) VINE LICENSEE CILITY'S MAILING FINE OF AUGUST OF THE CILITY OF THE CILITY'S MAILING OTHER THE CILITY'S MA	OR PERSON STATE ST	and manner stated.  aren's CASE NUMBER  string Certifier)  36d. ZIP CODE  32610  STRAR (Ma., Day, Yr.  CAL EXAMINER DUE  Yes X No  Approximate Inter- Onset to Death
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Mount Moriah Cem  26a. METHOD OF DISPOSITION X Bun  26b. IF CREMATION, DONATION OR BURIAL WAS MEDICAL EXAMINER APPROVAL GRANTED?  26. NAME OF FUNERAL FACILITY Buggs-Bellamy Funeral Services  26b. CITY OR TOWN  Jacksonville  30. CERTIFIER: Certifying Physician (Check one) Medical Examiner - O  31a, (Signiture and Title of Certifier)  34a. LICENSE NUMBER of Certifier)  34b. LICENSE NUMBER of Certifier)  36c. CERTIFIERS - STATE Seb CITY OR  Florida Gaine  37. SUBREGISTRAR - Signature and Date  Manual  41. CAUSE OF DEATH - Part I. (See instructions on back)  Natural  41. CAUSE OF DEATH - Part I. (See instructions on back)  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions. If any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST  d.  PART II Other significant conditions contributed.	netery  nalEntombro  Lat SEA No  27a  No  3, Inc.  To the best of my ke  on the basis of examin  ACL/ CERTIFIER'S NAM  Dr. Eloi  TOWN PESVILLE  O6/27/2007  following are under it  Accident Suit  chain of events - dis  enter terminal events  SEPTIC  Cho   412	29c. S1	Cremation E NUMBER FE619  TREET ADDI 936 Jer death accur d/or investigat 31b DATE 4  1. Ha  Dodal Regis uries, or com ardiac arrest.	F1.0  Dor  Cof Licenseed 1  RESS  Try Lane  Try Lane  Try Lane  Signed (in my or product)  FIGURE (in my or product)	me, date and joppinion, death narridd/yyyy)  M.D. ST ADDRESS DO SW Reture  The control of the co	Removal From NATURE OF A  place, and due occurred at the 32 TiME OF 18  Arche  Line asion	State UNERAL SER PIO UNERAL SER FIO UNIT OF	OTH Whi OTHER (Specify) VINE LICENSEE CILITY'S MAILING FIDE OTHER (SPECIF) OTHER	DR PERSON AUTOPS'S MPLETE SO DUSE CO.	29d ZIP CODE 32218  and manner stated.  JER'S CASE NUMBER  Than Certifier)  36d, ZIP CODE 32610  STRAR (Mo., Day, Yr., 200)  Approximate Intervonset to Death JG VS  W CCIUS  TEINDINGS AVAILAE  THE CAUSE OF DEAT  No  NOTRIBUTE TO DEAT
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PLACE OF INJURY (e.g. Decedent's ho

29b. CITY OR TOWN			A STATE OF THE PARTY OF THE PAR		HOUGE	
Jacksonville		29c STREET A				296 ZIP CODE
			erry Lane			32218
30. CERTIFIER: X Certifyin (Check one) Medical	Physician - To the best of	my knowledge, death oc	curred at the time, date a	and place, and due to the cau	se(s) and manner stated.	Sellen
(Check one) Medical	examiner - On the basis of e	examination, and/or inves	ligation, in my opinion, di	eath occurred at the time date	e and place, due to the cause	n(s) and manner stated.
318. (Signature and Title of Cel	ufier)	31b. DA	TE SIGNED (mm/dd/yy	yy) 32. TIME OF DEATH (2		MINER'S CASE NUMBE
	tamen		20107	1855		
34a. LICENSE NUMBER (of Cent				35. NAME OF AT	TENDING PHYSICIAN (If of	her than Certifier)
31524		oise M. Ha	arman, M.	D.		
	b CITY OR TOWN		36c, STREET ADDRE		Description of the second	36d, ZIP CODE
	Gainesvill	e	1600 S	W Archer Ro	ad	32610
37. SUBREGISTRAR - Signature	and Date	38a. LOGAL REG	HSTRAR , Signature		396 OATE FILED BY RE	
- man Hoe	Den 96/27/20	007 - XIn	Dec Alle	- con	Aura 25	2007
39. PROBABLE MANNER OF DE	ATL TTO COL		100000		Aprilo	
X Natural		der the jurisdiction of the a		stigation Undetermined		ICAL EXAMINER DUE
41. CAUSE OF DEATH - Part I.	Enter the chain of events -	diseases, injuries, or co	mplications - that directly	roused the death. Enter only	v one seven as a line	Yes X No
(See instructions on back) IMMEDIATE CAUSE	DO NOT enter terminal ev	ent such as cardiac arres	t, respiratory arrest, or vi	entricular fibrillation without sh	owing the etiology	Onset to Death
(Final disease or condition	· seofic	short.				dave
resulting in death)	( 307.110	Dribbio	Duta to (as as	a consequence of	<del>- Koning Dispersion</del>	days
Sequentially list conditions.	1. Chall	shock inglocarch	4400	a con aedimenta ori		
if any, leading to the cause listed on line a. Enter the	) b	ngivente i	TOTTO		1	weeks
UNDERLYING CAUSE (disease or injury that			rune to for as	a consequence of).		
initiated the events	c					
resulting in death) LAST			Due to (or as :	a consequence of).		
PART II Other significant condition	d.					1
			ring cause given in PAR	7 I. 42a WAS AN AUTOF PERFORMED?		Y FINDINGS AVAILABLE THE CAUSE OF DEAT
priorgastic care				YesX		X No
43a. IF SURGERY MENTIONED I	PART I OR PART II, ENTE	R REASON FOR SURG	ERY 43b DATE OF	SURGERY (Mo., Day, Yr.)	44. DID TOBACCO USE CO	ONTRIBUTE TO DEATH
					yes V_No .	Probably Unkno
45 IF FEMALE, WAS SHE PREG	ANT WITHIN THE PAST Y	FAR	ESSULAS!	BARIE ALL		
Yes ✓ No	Unknown If Yes,	specify timeframe	_ at time of death	within 1 to 42 days of d	eath within 43 days	to 1 year of death
48 DATE OF INJURY (Month, Day	Year) 47. TIME OF II	NJURY (24 hr.) 48. I	NJURY AT WORK?	498 LOCATION OF INJUI		
			YesNo		1 100	
49b. CITY OR TOWN'		49c. STREET ADDRES	S		49d. APT. NO.	49e. ZIP CODE
			The state of	The state of the same		250
50, DESCRIBE HOW INJURY OCC	URRED	Tecel Inches			51. PLACE OF INJURY	e.g. Decedent's home.
					construction site, rest	
					the second second second second second	
IF TRANSPORTATION INJURY 5	a Status of Decedent	Driver/Operator	Passenner Da	edestrian Other (Special	fel	
IF TRANSPORTATION INJURY, 52 52b. Type of Vehicle Car/Mi				Bus Heavy Transport	(y) Other (Specify)	

Aureig aleen CAR

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD

