

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: [REDACTED]

DATE ISSUED: MAY 18, 2022

## DECEDENT INFORMATION

DATE FILED: MAY 16, 2022

NAME: BENNIE LOUIS JORDAN JR

DATE OF DEATH: MAY 7, 2022

SEX: MALE

SSN: [REDACTED]

AGE: [REDACTED] YEARS

DATE OF BIRTH: DECEMBER 10, 1952

BIRTHPLACE: LAKE CITY, FLORIDA, UNITED STATES

PLACE OF DEATH: [REDACTED]

FACILITY NAME OR STREET ADDRESS: [REDACTED]

LOCATION OF DEATH: [REDACTED]

RESIDENCE: 3031 NW MOORE ROAD, LAKE CITY, FLORIDA 32055, UNITED STATES

COUNTY: COLUMBIA

OCCUPATION, INDUSTRY: [REDACTED]

EDUCATION: H [REDACTED]

D

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? [REDACTED]

RACE: [REDACTED]

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: NORMAN FOSTER

FATHER'S/PARENT'S NAME: [REDACTED]

MOTHER'S/PARENT'S NAME: [REDACTED]

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: NORMA JORDAN

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 3031 NW MOORE ROAD, LAKE CITY, FLORIDA 32055, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: [REDACTED]

FUNERAL FACILITY: [REDACTED] 03

A 32055

METHOD OF DISPOSITION: [REDACTED]

PLACE OF DISPOSITION: [REDACTED]

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: C [REDACTED]

TIME OF DEATH (24 HOUR): [REDACTED]

CERTIFIER'S NAME: [REDACTED] DS

CERTIFIER'S LICENSE NUMBER: [REDACTED]

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

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: MAY 12, 2022

## CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: [REDACTED]

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. [REDACTED] OKE

b. [REDACTED]

c. [REDACTED]

d. [REDACTED]

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

AUTOPSY PERFORMED? NO

DATE OF SURGERY: [REDACTED]

REASON FOR SURGERY: [REDACTED]

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

LOCATION OF INJURY: [REDACTED]

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DID TOBACCO USE CONTRIBUTE TO DEATH? NOT STATED

TIME OF INJURY (24 HOUR): [REDACTED]

INJURY AT WORK?