

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022126589

DATE ISSUED: JULY 13, 2022  
DATE FILED: JULY 13, 2022

## DECEDENT INFORMATION

NAME: EDITH LEE WILDS

DATE OF DEATH: JULY 3, 2022  
DATE OF BIRTH: FEBRUARY 21, 1927  
PLACE OF DEATH: INPATIENTSEX: FEMALE SSN: 261-34-3409 AGE: 095 YEARS  
BIRTHPLACE: MIAMI, FLORIDA, UNITED STATESFACILITY NAME OR STREET ADDRESS: LAKE CITY MEDICAL CENTER  
LOCATION OF DEATH: LAKE CITY, COLUMBIA COUNTY, 32055

RESIDENCE: 131 NW KATELYN WAY, LAKE CITY, FLORIDA 32055, UNITED STATES COUNTY: COLUMBIA

OCCUPATION, INDUSTRY: STAFF COORDINATOR, SUWANNEE MEDICAL PERSONNEL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

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: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: JESSE JAMES GREEK

MOTHER'S/PARENT'S NAME: CLARA BRYANT

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: DAVID MILTON WILDS

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 230 SW MOONFLOWER COURT, FORT WHITE, FLORIDA 32038, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: WILLIAM GUERRY, F044044

FUNERAL FACILITY: GUERRY FUNERAL HOME - LAKE CITY F040974  
2659 SW MAIN BLVD, LAKE CITY, FLORIDA 32056

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: MCALPIN ADVENT CHRISITAN CHURCH CEMETERY  
MCALPIN, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 0845

CERTIFIER'S NAME: HECTOR MARCELO FARELA

CERTIFIER'S LICENSE NUMBER: ME107252

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

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE  
DATE CERTIFIED: JULY 12, 2022

## CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

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

a. ACUTE ON CHRONIC RENAL FAILURE

b. ACUTE ON CHRONIC ~~SYSTEMIC~~ <sup>SYSTOLIC HEART</sup> FAILURE

c.

d.

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:

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?  
DID TOBACCO USE CONTRIBUTE TO DEATH? NOT STATED

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: 2024185998

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



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