SCANNED

45911

John K. Osteen

000976 OFFICE of VITAL STATISTICS BOOK 475 PAGE 882

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

DECEDENT

1. DECEDENT'S NAME: First: John; Middle: Kenneth; Last: Osteen; Sex: Male
3. DATE OF DEATH (Month, Day, Year): February 20, 2001
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 77
6. DATE OF BIRTH (Month, Day, Year): August 5, 1923
7. BIRTHPLACE (City and State or Foreign Country): Mayo, Florida
9a. PLACE OF DEATH: [redacted]
9c. FACILITY NAME: [redacted]
9d. CITY, TOWN, OR LOCATION OF DEATH: [redacted]
9e. COUNTY OF DEATH: [redacted]
10a. DECEDENT'S USUAL OCCUPATION: [redacted]
10b. KIND OF BUSINESS/INDUSTRY: [redacted]
11. MARITAL STATUS: [redacted]
12. SURVIVING SPOUSE: [redacted]

PARENTS

13a. RESIDENCE – STATE: [redacted]
13b. COUNTY: [redacted]
13c. CITY, TOWN, OR LOCATION: [redacted]
13f. STREET AND NUMBER: [redacted]
13e. INSIDE CITY LIMITS? (Yes or No): [redacted]
13f. ZIP CODE: [redacted]
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.): X No ___ Yes
15. RACE – American Indian, Black, White, etc. Specify: [redacted]
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary: [redacted]; College (1 to 4 or 5+): [redacted]
17. FATHER'S NAME (First, Middle, Last): John Osteen
18. MOTHER'S NAME (First, Middle, Maiden Surname): Winnie Land

DISPOSITION

19a. INFORMANT'S NAME (Type/Print): L.E. Osteen
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 218 Kathleen Road Perry, Florida 32348
20a. METHOD OF DISPOSITION: [redacted]
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): [redacted]
20c. LOCATION – City or Town, State: [redacted]
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: D.T. Munos
21b. LICENSE NUMBER (of Licensee): 3904
21c. NAME AND ADDRESS OF FACILITY: [redacted]

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title): [redacted]
22b. DATE SIGNED (Mo, Day, Yr): March 1, 2001
22c. HOUR OF DEATH: 7:20 P M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): [redacted]

To be Completed by MEDICAL EXAMINER

23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title): ▶
23b. DATE SIGNED (Mo, Day, Yr):
23c. HOUR OF DEATH:
23d. MEDICAL EXAMINER'S CASE #:

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): [redacted]

25a. SUBREGISTRAR – SIGNATURE AND DATE: ▶
25b. LOCAL REGISTRAR – SIGNATURE: Marge Hinds
25d. DATE REGISTERED: March 2, 2

CAUSE OF DEATH BY CERTIFIER

Part II

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. [redacted]

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. [redacted] DUE TO (OR AS A CONSEQUENCE OF)

c. DUE TO (OR AS A CONSEQUENCE OF)

d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: [redacted]

27a. [redacted]
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)
28. [redacted]

32e
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? ___ YES ___ NO
30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED
30b. DATE OF SURGERY (Mo, Day, Yea

32f
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY M
32c. INJURY AT WORK? (Yes or No)
32d. DESCRIBE HOW INJURY OCCURRED
32e. PLACE OF INJURY – At home, farm, street, factory, etc. (Specify)
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DH 512, 9/96 (Replaces HRS Form 512)

VOID IF ALTERED OR ERASED

FILED FOR RECORD
CLERK CIRCUIT COURT
TAYLOR COUNTY FLORIDA

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

FEB 18 2002

BY: Marge Hinds State Registrar

2:14 P.M.
RECORDED IN OFFICIAL RECORD 475 PAGE 882
ANNIE MAE MURPHY

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.

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DOH FORM 1564A (3/98)

FLORIDA DEPARTMENT OF HEALTH