

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

State of Florida
Department of Health and Rehabilitative Services
VITAL STATISTICS

CERTIFICATE OF DEATH

FLORIDA

77-090763

STATE FILE NO.

REGISTRAR'S NO.

5444

| | | | | |
|--|--|---|---|--|
| DECEASED — NAME | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| MARY | | JOSLYN | Female | December 3, 1977 |
| 1. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) | AGE — LAST BIRTHDAY (YEARS) | UNDER 1 YEAR MOS. DAYS | UNDER 1 DAY HOURS MIN. SEC. | DATE OF BIRTH (MONTH, DAY, YEAR) |
| White | 90 | 5d. | 5c. | Nov. 18, 1887 |
| 2. CITY, TOWN, OR LOCATION OF DEATH | INSIDE CITY LIMITS (SPECIFY YES OR NO) | HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN 11, GIVE STREET AND NUMBER) | | |
| Boca Raton | Yes | Boca Raton Community Hospital | | |
| 3. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) |
| New York | U.S.A. | | 10. Widowed | 11. |
| 4. SOCIAL SECURITY NUMBER | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | |
| 12. 065-20-4412 | 13a. Home Maker | | 13b. Own Home | |
| 5. RESIDENCE — STATE | COUNTY | CITY, TOWN, OR LOCATION | INSIDE CITY LIMITS (SPECIFY YES OR NO) | STREET AND NUMBER |
| Florida | 14b. Palm Beach | 14c. Boca Raton | 14d. Yes | 14e. 1461 Sabal Palm Drive |
| 6. FATHER — NAME | FIRST | MIDDLE | LAST | MOTHER — MAIDEN NAME |
| Thomas | Brennan | | | Ellen McCarty |
| 7. INFORMANT — NAME | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | |
| 17a. Mrs. Robert Bueschen | 17b. 1461 Sabal Palm Drive, Boca Raton, Florida | | | |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | |
| 18. IMMEDIATE CAUSE | DUE TO, OR AS A CONSEQUENCE OF: | | | |
| (a) | INFARCTION, Cerebral, Acute, with 82 hours | | | |
| (b) | aphasia, Semi-coma, right hemiparesis | | | |
| (c) | Arteriosclerotic etiology. | | | |
| APPROXIMATE INTERVAL IN BETWEEN ONSET AND DEATH | | | | |
| 19. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATEMENT OF DUE TO, OR AS A CONSEQUENCE OF: | | | | |
| 20. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATEMENT OF DUE TO, OR AS A CONSEQUENCE OF: | | | | |
| 21. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D) | | | | |
| 22. (PROBABLY) ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.) | | | | |
| 23a. 20b. 20c. M. 20d. | | | | |
| 24. INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | | |
| 20e. 20f. 20g. | | | | |
| 25. CERTIFICATION — PHYSICIAN (NAME, TYPE OR POSITION) 11/29/77 TO 21b. 12 3 77 21c. 12/2/77 21d. Did 21e. 5:55A M. TO THE CAUSE(S) STATED. | | | | |
| 21f. DECEASED FROM: 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z. | | | | |
| 26. CERTIFICATION — MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/ OR THE INVESTIGATION, IS MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | | | |
| 27. DECEASED FROM: 27a. 27b. 27c. 27d. 27e. 27f. 27g. 27h. 27i. 27j. 27k. 27l. 27m. 27n. 27o. 27p. 27q. 27r. 27s. 27t. 27u. 27v. 27w. 27x. 27y. 27z. | | | | |
| 28. BURIAL, CREMATION, REMOVAL (SPECIFY) 28a. 28b. 28c. 28d. 28e. 28f. 28g. 28h. 28i. 28j. 28k. 28l. 28m. 28n. 28o. 28p. 28q. 28r. 28s. 28t. 28u. 28v. 28w. 28x. 28y. 28z. | | | | |
| 29. BURIAL DATE (MONTH, DAY, YEAR) 29a. 29b. 29c. 29d. 29e. 29f. 29g. 29h. 29i. 29j. 29k. 29l. 29m. 29n. 29o. 29p. 29q. 29r. 29s. 29t. 29u. 29v. 29w. 29x. 29y. 29z. | | | | |
| 30. FUNERAL DIRECTOR — SIGNATURE 30a. 30b. 30c. 30d. 30e. 30f. 30g. 30h. 30i. 30j. 30k. 30l. 30m. 30n. 30o. 30p. 30q. 30r. 30s. 30t. 30u. 30v. 30w. 30x. 30y. 30z. | | | | |
| 31. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 31a. 31b. 31c. 31d. 31e. 31f. 31g. 31h. 31i. 31j. 31k. 31l. 31m. 31n. 31o. 31p. 31q. 31r. 31s. 31t. 31u. 31v. 31w. 31x. 31y. 31z. | | | | |
| 32. REGISTER — SIGNATURE 32a. 32b. 32c. 32d. 32e. 32f. 32g. 32h. 32i. 32j. 32k. 32l. 32m. 32n. 32o. 32p. 32q. 32r. 32s. 32t. 32u. 32v. 32w. 32x. 32y. 32z. | | | | |
| 33. DATE RECEIVED BY LOCAL REGISTRAR 33a. 33b. 33c. 33d. 33e. 33f. 33g. 33h. 33i. 33j. 33k. 33l. 33m. 33n. 33o. 33p. 33q. 33r. 33s. 33t. 33u. 33v. 33w. 33x. 33y. 33z. | | | | |

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



, State Registrar

Date Issued: SEP 12 2013

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
 THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



* 3 0 3 L 4 A 3 2 *

DH-FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

