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STATE OF FLORIDA

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

OFFICE OF VITAL STATISTICS

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State of Florida
Department of Health and Rehabilitative Services

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 81-109473

LOCAL FILE NO. 00056

| | | | |
|---|--------------------------------------|--|---|
| DECEDENT—NAME 1. Agnes V. McClintock | | SEX 2. Female | DATE OF DEATH (Mo., Day, Yr.) 3. Dec. 31, 1981 |
| RACE—e.g., White, Black, Am. Indian, etc. (Specify) 4. White | AGE—Last Birthday (Yr.) 5a. 69 | UNDER 1 YEAR MOS. DAYS | UNDER 1 DAY HOURS MINS. |
| CITY, TOWN OR LOCATION OF DEATH 7b. Pinellas Park | | HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 7c. Metropolitan General Hospital | |
| STATE OF BIRTH (If not in U.S.A., name country) 8. New York | CITIZEN OF WHAT COUNTRY 9. U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Widowed | DATE OF BIRTH (Mo., Day, Yr.) 6. March 6, 1912 |
| SOCIAL SECURITY NUMBER 12. 081-03-2141 | | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. Homemaker | COUNTY OF DEATH 7a. Pinellas |
| RESIDENCE—STATE 14a. Florida | COUNTY 14b. Palm Beach | KIND OF BUSINESS OR INDUSTRY 13b. Own Home | IF HOSP. OR INST. (Indicate DOA, OP, Emer. Rm., Inpatient (Specify)) 7d. Inpatient |
| FATHER—NAME 15. John - Nottman | | MOTHER—MAIDEN NAME 16. Katherine - Delaney | |
| INFORMANT—NAME (Type or Print) 17a. Robert McClintock | | MAILING ADDRESS 17b. 148 Pine Lake Dr. Atlanta, Georgia 30327 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18a. Removal | | CEMETERY OR CREMATORY—NAME 18b. Hillcrest Cemetery | LOCATION CITY OR TOWN STATE 18c. West Palm Beach, Florida |
| FUNERAL DIRECTOR (Signature) 19a. Jay E. Lewis 1923 | | FUNERAL HOME 19b. Baynard-Thompson Funeral Home 33701 | |
| 20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Dr. Orren J. Lawrance, D.O. | | 21a. 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) stated. (Signature and Title) | |
| DATE SIGNED (Mo., Day, Yr.) 20b. 1-4-82 | HOUR OF DEATH 20c. 12:35 P.M. | DATE SIGNED (Mo., Day, Yr.) | HOUR OF DEATH |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) 22. Orren J. Lawrance, D.O., 6031 - 9th Street North, St. Petersburg, Fl. 33703 | | PRONOUNCED DEAD (Mo., Day, Yr.) 21b. | PRONOUNCED DEAD (Year) 21c. |
| REGISTRAR 23a. Linda M. Davignon | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 23b. Jan 4, 1982 | |

JUL 26 2011

Date Issued:

State Registrar

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.

WARNING:

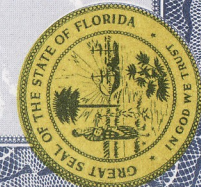
C. Thacker Sr. J.J.



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DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD



*** THIS AFFIDAVIT HAS BEEN MADE FOR GENEALOGICAL PURPOSES ONLY. IT HAS NOT BEEN FILED WITH THE BUREAU OF VITAL STATISTICS.



AFFIDAVIT TO AMEND A FLORIDA CERTIFICATE OF DEATH

(See instructions on reverse)

State of Florida
Department of Health

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|---|--|-------------------------------------|--|
| ENTER CORRECT INFORMATION CONCERNING DECEASED PERSON | NAME OF DECEASED <p style="text-align: center;">Agnes Veronica McClintock</p> | | STATE FILE NO. <p style="text-align: center;">1981-109473</p> |
| | DATE OF DEATH December 31, 1981 | PLACE OF DEATH (COUNTY) Pinellas | CITY, TOWN OR LOCATION Pinellas Park |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | DEATH CERTIFICATE SHOWS | SHOULD BE |
| | 1. Decedent - Name | Agnes V. McClintock | Agnes Veronica McClintock |
| | 12. Social Security No. | 081-03-2141 | 081-03-2142 |
| | 15. Father - Name | John Nottman | William Nottman |
| | 16. Mother - Maiden Name | Katherine Delaney | Katherine Cecilia Mulligan |
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| AFFIDAVIT OF INFORMANT OR NEXT OF KIN | I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT | | ADDRESS |
| | SIGNATURE | | 331 Windwood Oaks Dr., #101, Tampa, Fla. 33613 |
| | STATE OF FLORIDA, COUNTY OF <u>Hillsborough</u> | | Signature of Notary Public |
| | SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME, THIS <u>2nd</u> DAY OF <u>August</u> , 20 <u>11</u> | | Print, Type, or Stamp Name of Notary Public |
| BY <u>Robert T. Koehler</u> | | | |
| Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/> | | | |
| Type of ID Produced: <u>N/A</u> | | <u>Michelle Maria Ortiz</u> | |