

IN RE: THE Estate  
OF Agnes V. McClintock  
dec'd

IN THE CIRCUIT COURT OF THE  
FIFTEENTH JUDICIAL CIRCUIT IN AND  
FOR PALM BEACH COUNTY, FLORIDA  
PROBATE AND GUARDIANSHIP DIVISION  
FILE NUMBER: 82-295-CP-06

State of Florida  
Department of Health and Rehabilitative Services  
**CERTIFICATE OF DEATH**  
FLORIDA

STATE FILE NO. LOCAL FILE NO.

1. DECEASED—NAME FIRST MIDDLE LAST: Agnes V. McClintock  
SEX: Female  
DATE OF DEATH (Mo., Day, Yr.): Dec. 31, 1981

2. RACE—(a) White, Black, Am. Indian, etc. (Specify): White  
AGE—Last Birthday (Yr., Mo., Day): 69  
DATE OF BIRTH (Mo., Day, Yr.): March 6, 1912  
COUNTY OF DEATH: Pinellas

3. CITY, TOWN OR LOCATION OF DEATH: Pinellas Park  
HOSPITAL OR OTHER INSTITUTION—Name (If not in index, give street and number): Metropolitan General Hospital  
IF HOSP. OR INST. Indicate DGA, OP/Emgr, Rm., Inpatient (Specify): Inpatient

4. STATE OF BIRTH (If not in U.S., give name country): New York  
CITIZEN OF WHAT COUNTRY: U.S.A.  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed  
SURVIVING SPOUSE (If wife, give maiden name):

5. SOCIAL SECURITY NUMBER: 081-03-2141  
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker  
KIND OF BUSINESS OR INDUSTRY: Own Home

6. RESIDENCE—STATE: Florida  
COUNTY: Palm Beach  
CITY, TOWN OR LOCATION: West Palm Beach  
STREET AND NUMBER: 7918 Gregory Place  
INSIDE CITY LIMITS (Specify Yes or No): Yes

7. FATHER—NAME FIRST MIDDLE LAST: John Nottman  
MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Katherine Delaney

8. INFORMANT—NAME (Type or Print): Robert McClintock  
MAILING ADDRESS: 148 Pine Lake Dr. Atlanta, Georgia 30327  
CITY OR TOWN STATE ZIP

9. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal  
CEMETERY OR CREMATORY—NAME: Hillcrest Cemetery  
LOCATION: West Palm Beach, Florida  
FUNERAL HOME: Baynard-Thompson Funeral Home 33701  
770 4th Ave. No. St. Petersburg, Florida

10. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN: Orren J. Lawrence, D.O.  
DATE SIGNED (Mo., Day, Yr.): 1-4-82  
HOUR OF DEATH: 12:35 P.M.  
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

11. SIGNATURE AND TITLE OF MEDICAL EXAMINER: Sharon R. Beck  
DATE SIGNED (Mo., Day, Yr.): Jan 4 1982  
HOUR OF DEATH: 12:35 P.M.  
Pronounced Dead (Mo., Day, Yr.):  
Pronounced Dead (Hour):

12. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner) (Type or Print): Orren J. Lawrence, D.O., 6031 - 9th Street North, St. Petersburg, Fl. 33703

13. REGISTRAR (Signature): Linda M. Davignon  
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): Jan 4 1982

14. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  
PART (a) Acute left heart failure  
DUE TO, OR AS A CONSEQUENCE OF:  
PART (b) Liver failure  
DUE TO, OR AS A CONSEQUENCE OF:  
PART (c) Liver cirrhosis  
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART I (a), (b), or (c): Lobar pneumonia  
AUTOPSY (Specify Yes or No): Yes  
WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): No

15. (Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify):  
DATE OF INJURY (Mo., Day, Yr.):  
HOUR OF INJURY:  
DESCRIBE HOW INJURY OCCURRED:  
16. INJURY AT WORK (Specify Yes or No):  
PLACE OF INJURY—(a) home, farm, office, factory, office building, etc. (Specify):  
LOCATION:  
STREET OR R.F.D. No.:  
CITY OR TOWN:  
STATE:

**A CERTIFIED COPY MUST CARRY THE EMBOSSED SEAL OF THE REGISTRAR OF VITAL STATISTICS**

I hereby certify that this is a true and correct copy of a certificate on file in the office of the Local Registrar of Vital Statistics of the Pinellas County Health Department, Florida.

Jan. 4, 1982 *Sharon R. Beck*, Deputy Local Registrar

STATE OF FLORIDA - PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy of the record in my office.

THIS DAY OF *Aug*, 20 *11*

By *Sharon R. Beck*  
SHARON R. BECK  
CLERK & COMPTROLLER  
DEPUTY CLERK

CLERK OF THE CIRCUIT COURT & VICE PRESIDENT OF THE CLERK & COMPTROLLER OF PALM BEACH COUNTY