

OFFICE of VITAL STATISTICS

CERTIFIED COPY

LOCAL FILE NO. **99 519** **FLORIDA CERTIFICATE OF DEATH** **2009 166466**

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Kenneth Charles Koehler			2. SEX Male		
3. DATE OF BIRTH (Month, Day, Year) November 5, 1967		4a. AGE-Last Birth Day (Years) 42		4b. UNDER 1 YEAR Months: _____ Days: _____	
4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF DEATH (Month, Day, Year) December 24, 2009			
6. SOCIAL SECURITY NUMBER 264-27-9658		7. BIRTHPLACE (City and State or Foreign Country) West Palm Beach, Florida		8. COUNTY OF DEATH Duval	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Public Park					
10. FACILITY NAME (If not institution, give street address) Hanna Park, 500 Wonderwood Drive			11a. CITY, TOWN, OR LOCATION OF DEATH Atlantic Beach		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married			13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		
14a. RESIDENCE - STATE Florida		14b. COUNTY Hillsborough		14c. CITY, TOWN, OR LOCATION Tampa	
14d. STREET ADDRESS 10607 Carrollbrook Lane			14e. APT. NO.	14f. ZIP CODE 33618	14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" Student			15b. KIND OF BUSINESS/INDUSTRY Education		
16. DECEDENT'S RACE (Specify the race/raaces to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian					
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate					19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) William Koehler			21. MOTHER'S NAME (First, Middle, Maiden Surname) Barbara McClintock		
22a. INFORMANT'S NAME William Koehler		22b. RELATIONSHIP TO DECEDENT Father		23a. INFORMANT'S MAILING - STATE Florida	
23b. CITY OR TOWN Tampa		23c. STREET ADDRESS 10607 Carrollbrook Lane		23d. ZIP CODE 33618	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternity Services, Inc.		25a. LOCATION - STATE Florida		25b. LOCATION - CITY OR TOWN Jacksonville	
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)					
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) F043146		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Diane Conner</i>	
28. NAME OF FUNERAL FACILITY Eternity Funeral Home				29a. FACILITY'S MAILING - STATE Florida	
29b. CITY OR TOWN Jacksonville		29c. STREET ADDRESS 4856 Oakdale Avenue		29d. ZIP CODE 32207	
30. CERTIFIER: <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.					
31a. (Signature and Title of Certifier) <i>Jesse C. Giles</i>		31b. DATE SIGNED (mm/dd/yyyy) 12/25/2009		32. TIME OF DEATH (24 hr.) Approx. 1430	
34a. LICENSE NUMBER (of Certifier) ME 0055714		34b. CERTIFIER'S NAME Jesse C. Giles, MD		33. MEDICAL EXAMINER'S CASE NUMBER 090401936	
35a. CERTIFIER'S - STATE Florida		35b. CITY OR TOWN Jacksonville		35c. STREET ADDRESS 2100 Jefferson Street	
35d. ZIP CODE 32206		37. SUBREGISTRAR - Signature and Date <i>[Signature]</i>		38a. LOCAL REGISTRAR - Signature <i>[Signature]</i>	
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) DEC 31 2009					

C. Meade Grijj, State Registrar

Date Issued: **May 3, 2010**
REQ: 2010456771

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 A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

WARNING:



DH FORM 1946 (08-04)

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CERTIFICATION OF VITAL RECORD



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VOID IF ALTERED OR ERASED

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*** 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

ENTER CORRECT INFORMATION CONCERNING DECEASED PERSON	NAME OF DECEASED Kenneth Charles Koehler		STATE FILE NO. 2009-166466
	DATE OF DEATH December 24, 2009	PLACE OF DEATH (COUNTY) Duval	CITY, TOWN OR LOCATION Atlantic Beach
	ITEM OMITTED OR IN ERROR	DEATH CERTIFICATE SHOWS	SHOULD BE
ITEMS TO BE AMENDED OR CORRECTED	15a. Usual Occupation	Student	Firefighter/Paramedic
	15b. Business/Industry	Education	Medical
	18. Education	High School diploma/GED	Bachelor's degree
	20. Father's Name	William Koehler	William Rowe Koehler
	21. Mother's Name	Barbara McClintock	Barbara Anne McClintock

AFFIDAVIT OF INFORMANT OR NEXT OF KIN	I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		ADDRESS
	SIGNATURE <i>Robert T. Koehler</i>		331 Windwood Oaks Dr., #101, Tampa, Fla. 33613
	STATE OF FLORIDA, COUNTY OF <u>Hillsborough</u>	Signature of Notary Public	SEAL
	SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME, THIS <u>7th</u> DAY OF <u>May</u> , 20 <u>10</u>	<i>Jeanine A. Dunston</i>	
	BY <u>Robert T. Koehler</u>	Print, Type, or Stamp Name of Notary Public	
	Personally Known <input checked="" type="checkbox"/> OR Produced Identification _____	<u>Jeanine A. Dunston</u>	
	Type of ID Produced: _____		

