

HILLSBOROUGH COUNTY HEALTH DEPARTMENT

1105 E. KENNEDY BLVD.

P.O. BOX 1731

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TAMPA, FLORIDA 33601

272-6390

CERTIFICATE OF DEATH FLORIDA

Department of Health and Rehabilitative Services
DIVISION OF HEALTH
REGULATORY SERVICES

STATE FILE NO. _____
REGISTRAR'S NO. **02331**

TO PRINT IN
MARRIAGE
HANDBOOK FOR
INSTITUTION

DECLARER

TO BE COMPLETED
BY REGISTRAR
IF DEATH
OCCURRED IN
HOSPITAL, OR
OTHER INSTITUTION
OR IN
NURSING HOME

PARENTS

CAUSE

CERTIFIER

JURIAL

7-06-12
7-1970

DECEASED - NAME GEORGE TAYLOR SAGE		SEX Male	DATE OF DEATH - MONTH, DAY, YEAR June 4, 1976
RACE OR ETHNIC ORIGIN White	AGE - LAST BIRTHDAY (MONTH, DAY, YEAR) 68	DATE OF BIRTH - MONTH, DAY, YEAR Oct. 29, 1907	COUNTY OF DEATH Hillsborough
CITY, TOWN OR LOCATION OF DEATH Tampa	HOSPITAL OR OTHER INSTITUTION Yes	NAME OF HOSPITAL OR OTHER INSTITUTION, STREET AND NUMBER Tampa General Hospital	
STATE OF BIRTH - MONTH, DAY, YEAR Pennsylvania	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE - NAME, DATE MARRIAGE Mary D. Dean
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Clerk	KIND OF BUSINESS OR INDUSTRY Grocery Store	
RESIDENCE - STATE Florida	CITY, TOWN OR LOCATION Hillsborough Tampa	STREET AND NUMBER 1704 W. Patterson	
FATHER - NAME Redmond Caton Sage	MOTHER - MAIDEN NAME Mable Taylor		
INFORMANT - NAME Mrs. Mary D. Sage	MAILING ADDRESS 1704 W. Patterson Tampa, Fla. 33604		
PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Myocardial infarction		Immediately	
(b) Coronary occlusion		Immediately	
(c) Arteriosclerotic Cardiovascular disease			
PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))		AUTOPSY (YES OR NO) No	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH No
IF ACCIDENT, NATURE OF ACCIDENT, OR UNDETERMINED	DATE OF INJURY - MONTH, DAY, YEAR	HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN PART I OR PART II, ITEM 10)	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY (OFFICE, HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY))	LOCATION (STREET OR P.O. NO., CITY OR TOWN, STATE)	
CERTIFICATION - PHYSICIAN	MONTH DAY YEAR	AND LAST SAW HIM/HER (MONTH DAY YEAR)	I DID/DID NOT VIEW THE BODY AFTER DEATH (YES OR NO)
7	14 63 76	5 21 76	76 5 31 76
CERTIFICATION - MEDICAL EXAMINER OR CORONER (ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED)	DATE OF DEATH (MONTH DAY YEAR)	THE DECEASED WAS PREVIOUSLY DEAD (MONTH DAY YEAR)	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE USE OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED (MONTH DAY YEAR)
76	76 5 31 76	76 5 31 76	76 7:03A M
CERTIFIER - NAME (TYPE OR PRINT)	SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)	
76 Maurice C. Guest, M.D.	<i>Maurice C. Guest</i>	76 6/4/76	
MAKING ADDRESS - CERTIFIER	CITY OR TOWN	STATE	
76 P.O. Box 17164 225 W. Littleton Avenue Tampa, Florida 33612	Tampa, Florida	33612	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION (CITY OR TOWN, STATE)	
76 Burial	76 Myrtle Hill Cemetery	76 Tampa, Florida	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME - NAME AND ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP)		
76 June 7, 1976	76 Snipes-Hamilton Funeral Home 6718 N. Armenia Ave. Tampa, Fla.		
FUNERAL DIRECTOR - SIGNATURE	REGISTRAR - SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
<i>Ralph L. Hamilton</i>	<i>Therese M. Luppens</i>	76 June 4, 1976	

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE LOCAL REGISTRAR'S RECORD ON FILE IN THE HILLSBOROUGH COUNTY HEALTH DEPARTMENT AT TAMPA, FLORIDA. (WARNING: NOT VALID UNLESS RAISED SEAL OF THE HILLSBOROUGH COUNTY HEALTH DEPARTMENT IS AFFIXED).

John S. Neill
John S. Neill, M.D., M.P.H., Director
County Health Officer & Local Registrar

Therese M. Luppens
Therese M. Luppens - Deputy Registrar

JUN 7 1976
Date

