

CERTIFICATE OF DEATH
FLORIDA

81-143-A

01945

LOCAL FILE NO. 01945		STATE FILE NO.	
DECEDENT-NAME 1. Mary D. Sage		DATE OF DEATH (Mo., Day, Yr.) April 15, 1980	
SEX Female		COUNTY OF DEATH Hillsborough	
RACE White		DATE OF BIRTH (Mo., Day, Yr.) July 1, 1903	
AGE - Last birthday (Yrs., Mos., Days) 76		HOSPITAL OR OTHER INSTITUTION - Name (If not in center, give street and number) University Park Convalescent Center	
CITY, TOWN OR LOCATION OF DEATH Tampa		IF HOLD. OR INST. (Indicate DOA, CP, Inst., Im., Hospital, etc.) Inpatient	
CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
SOCIAL SECURITY NUMBER 263-01-1879		SURVIVING SPOUSE (If with, give maiden name)	
RESIDENCE-STATE Fla.		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
COUNTY Hillsborough		KIND OF BUSINESS OR INDUSTRY Own Home	
CITY, TOWN OR LOCATION Tampa		STREET AND NUMBER 1704 W. Patterson	
FATHER-NAME Thomas Dean		MOTHER-MAIDEN NAME Sally Betty Kirkpatrick	
INFORMANT-NAME (Type or Print) Betty Jo Paz		MAILING ADDRESS 10416 Otis Tampa Fla.	
BURIAL, CREMATION, OTHER (Specify)		CITY OR TOWN Tampa	
CITY OR TOWN Tampa		STATE Fla.	
CITY OR TOWN Tampa		STATE Fla.	
FUNERAL DIRECTOR (Specify) Kath. P. Hamilton		FUNERAL HOME Snipes-Hamilton Funeral Home 6718 N. Armenia Ave. Tampa	
ADDRESS 1585		ADDRESS Fla.	
20a. On the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 4-17-80 HOUR OF DEATH 7:46 P.M.		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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH	
20b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) SATURNINA CHARG, M.D.		21b. PRONOUNCED DEAD (Mo., Day, Yr.) 21c. AT	
20c. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Deborah M. Latta, M.D. - 4800 N. ARMINIA AVE TAMPA FLORIDA 33615		21d. ON	
REGISTRAR 23a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 17, 1980	
24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, AND 1c.) PART (a) Acute Coronary Artery Arrest DUE TO, OR AS A CONSEQUENCE OF, PART (b) Unlabeled acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF, PART (c) Myocardial Infarction		Interval between onset and death 1 hr. SEVERAL HOURS SEVERAL HOURS	
PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a) Cerebral vascular accident - Right		AUTOPSY (Specify, yes or no) No	
25. PROBABLE ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (Specify)		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) No	
27a. INJURY AT WORK (Specify Yes or No)		27b. DATE OF INJURY (Mo., Day, Yr.)	
27c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		27d. HOUR OF INJURY	
27e. DISCRIBE HOW INJURY OCCURRED		27f. LOCATION	
27g. STREET OR R.F.D. No.		27h. CITY OR TOWN	
27i. STATE		27j. ZIP	

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.

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APR 18 1980
DATE

Helen A. Moore, M.D.
 Helen A. Moore, M.D., M.P.H., Acting Director,
 County Health Officer & Local Registrar

(NOT VALID UNLESS RAISED SEAL OF THE HILLSBOROUGH COUNTY HEALTH DEPARTMENT IS AFFIXED)

Theresa M. Luppens
 Theresa M. Luppens, Chief Deputy Registrar

HILLSBOROUGH COUNTY HEALTH DEPARTMENT
 APR 18 1980