

Office of Vital Statistics
CERTIFIED COPYCERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. 4292

1. DECEDENT'S NAME FIRST MIDDLE LAST Shirley Kay ROBBINS			2. SEX Female	
3. DATE OF DEATH (Month, Day, Year) October 12, 2001		4. SOCIAL SECURITY NUMBER 308-46-9374		5a. AGE-Last Birthday (years) 57
6. DATE OF BIRTH (Month, Day, Year) June 6, 1944		7. BIRTHPLACE (City and State or Foreign Country) Madison County, Indiana		5b. UNDER 1 YEAR Months Days 5c. UNDER 1 Day Hours Minutes
9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO	
9c. FACILITY NAME (If not institution, give street and number) Lee Memorial Health System - CCH			9d. CITY, TOWN, OR LOCATION OF DEATH Cape Coral	
9e. COUNTY OF DEATH Lee			9b. INSIDE CITY LIMITS? (Yes or No) Yes	
10a. DECEDENT'S USUAL OCCUPATION Manager		10b. KIND OF BUSINESS/INDUSTRY Manufacturing		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced
12. SURVIVING SPOUSE (If wife, give maiden name)				
13a. RESIDENCE - STATE Florida		13b. COUNTY Lee		13c. CITY, TOWN, OR LOCATION North Fort Myers
13d. STREET AND NUMBER 126 Las Palmas				
13e. INSIDE CITY LIMITS? (Yes or No) No		13f. ZIP CODE 33903		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes--If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:
15. RACE - American Indian, Black, White, etc. Specify: White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+		
17. FATHER'S NAME (First, Middle, Last) Herschel Musick			18. MOTHER'S NAME (First, Middle, Maiden Surname) Betty Davis	
19a. INFORMANT'S NAME (Type/Print) Kevin C. Robbins			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 711 S.W. 6th Street, Cape Coral, Florida 33991	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) ICS Crematory		20c. LOCATION - City or Town, State Harbour Heights, Florida
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 		21b. LICENSE NUMBER (of Licensee) KA326		21c. NAME AND ADDRESS OF FACILITY Forest Lawn Cremation, Inc. 4055 S. Tamiami Trail Port Charlotte, Florida 33952
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) 		23a. 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) and manner as stated. (Signature and Title) 		
22b. DATE SIGNED (Mo., Day, Yr.) 10/24/01		22c. HOUR OF DEATH 2:29 AM		23b. DATE SIGNED (Mo., Day, Yr.)
22d. NAME OF ATTENDING PHYSICIAN (Type or Print) Lou D. Mauney, M.D.		23c. HOUR OF DEATH		
23d. MEDICAL EXAMINER'S CASE #				
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Lou D. Mauney, M.D. 10484 Stringfellow Road, Suite 1 Saint James City Florida 33956				
25a. SUBREGISTRAR - SIGNATURE AND DATE 		25b. LOCAL REGISTRAR - SIGNATURE 		25c. DATE REGISTERED October 24, 2001
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Lung Carcinoma a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):				Approximate Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) Yes
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES NO		30a. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b. DATE OF SURGERY (Mo., Day, Year)
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined		32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY	32c. INJURY AT WORK? (Yes or No)
32d. DESCRIBE HOW INJURY OCCURRED				
32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)			32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

VOID IF ALTERED OR ERASED

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APR 21 2004

C. Meach Buggs
State Registrar



THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: 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 THERMOCHROMATIC INK.

1564LG (07-01)



B 1056436

CERTIFICATION OF VITAL RECORD

Certificate of Death

Shirley K Robbins [ID0002]

Transcript of a photo copy of a certified copy

State of Florida/ Office of Vital Statistics/Certified Copy

Local File No. 4292 – Certificate of Death/ Florida – 91136221

Name: Shirley Kay Robbins

Sex: Female

Date of death: October 12, 2001

Social Security Number: 308-46-9374

Age – last birthday: 57

Date of Birth: June 6, 1944

Birthplace: Madison County, Indiana

Was decedent ever in US Armed Forces?: No

Place of Death: DOA

Inside City limits?: Yes

Facility Name: Lee Memorial Health System – CCH [Cape Coral Hospital]

City: Cape Coral

County of death: Lee

Decedent's usual occupation: Manager

Kind of business/Industry: Manufacturing

Marital status: Divorced

Residence, State: Florida

County: Lee

City: North Fort Myers

Street and number: 126 Las Palmas

Inside city limits?: No

Zip Code: 33903

Was decedent of Hispanic or Haitian Origin?: No

Race: White

Decedent's Education: College: 5+

Father's name: Herschel Musick

Mother's name: Betty Davis

Informant's name: Kevin C Robbins

Mailing Address: 711 SW 6th Street, Cape Coral, Florida 33991

Method of Disposition: Cremation

Place of disposition: ICS Crematory

Location: Harbour Heights, Florida

Signature of funeral service licensee or person acting as such: [initials]

License number of licensee: KA326

Name and address of facility: Forest Lawn Cremation, Inc/ 4055 S Tamiami Trail, Port Charlotte, Florida 33952

Signature: [signature present] [cursive, black ink]

Date signed: 10/22/01 [22 October 2001] [cursive, black ink]

Hour of death: 2:29 AM

Name and address of certifier: Lou D Mauney, MD – 10484 Stringfellow Road, Suite 1 – Saint James City Florida 33956

Local Registrar signature: [signature provided] [cursive, black ink]

Date Registered: October 29, 2001 [cursive, black ink]

Immediate cause(Final disease or condition resulting in death): Lung Carcinoma [cursive black ink]

Was an autopsy performed?: No

Case reported to Medical Examiner: Yes

Lower Left Corner of Certificate:

- Date stamped at bottom left corner of Certificate: Apr 21 2004
- Seal of the State of Florida
- ID number at bottom left of certificate: B 1056436 – Certification of Vital Record