

UP FRONT OF PERMANENT LINK SEE INSTRUCTIONS

11-09

RESIDENCE WHERE DECEASED OCCURRED IN RESIDENCE OF DEATH RESIDENCE BEFORE ADJUNCTION

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V. S. 4512
REV. 1970

DECEASED—NAME Joseph Spremulli		SEX Male	DATE OF DEATH—MONTH, DAY, YEAR February 1, 1977
RACE—WHITE, NEGRO, AMERICAN INDIAN, ETC. White	AGE—LAST BIRTHDAY 76	DATE OF BIRTH—MONTH, DAY, YEAR Jan. 12, 1901	COUNTY OF DEATH Duval
CITY, TOWN, OR LOCATION OF DEATH Jacksonville	HOSPITAL OR OTHER INSTITUTION—NAME IF NOT IN STREET, CITY STREET AND NUMBER Memorial Hospital		
STATE OF BIRTH IF NOT IN U.S.A. Pennsylvania	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME) Neta Edna Williamson
SOCIAL SECURITY NUMBER 261-01-6066A	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING HOW OF WORKING LIFE, EVEN IF RETIRED) Retired Manager	KIND OF BUSINESS OR INDUSTRY Prudential Insurance Company	
RESIDENCE—STATE Florida	COUNTY Duval	CITY, TOWN, OR LOCATION Jacksonville	STREET AND NUMBER Unit 1505 9252 San Jose Blvd.
FATHER—NAME Antonio Spremulli	MOTHER—MARRIED NAME Victoria		
INFORMANT—NAME Neta W. Spremulli		MARRIAGE ADDRESS 9252 San Jose Blvd., Unit 1505, Jacksonville, Fla.	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), AND (3))			
1. Cardiogenic Shock. Cor. Arter. Arrest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hours
2. Acute Myocardial Infarction			4 hours
3. Coronary Artery Disease - Hypertension HTN			11-12 years
PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELD TO BE CAUSE OF DEATH)			
INJURY AT WORK (SPECIFY YES OR NO)			
CERTIFICATION—PHYSICIAN: I ATTESTED THE DECEASED ON 2/1/77 TO 2/1/77 AND LAST SAW HIM/HER ALIVE ON 2/1/77. I SIGNED THIS DEATH CERTIFICATE ON 2/2/77. DEATH OCCURRED AT THE PLACE ON THE BODY AFTER DEATH (LOCAL) TO THE CAUSE IN STATED.			
CERTIFIER—NAME (TYPE OR PRINT) Dr. B. C. Oliff, M.D.		SIGNATURE <i>[Signature]</i>	DATE SIGNED (MONTH, DAY, YEAR) 2/2/77
MARRIAGE ADDRESS—CERTIFIER 3599 University Blvd. S. Jacksonville, Florida 32216			
BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment	CEMETERY OR CREMATOR—NAME Oaklawn Cemetery	LOCATION Jacksonville, Florida	
DATE FEB. 4, 1977	FUNERAL HOME—NAME AND ADDRESS GEORGE H. HEWELL & SON 4140 Univ. Blvd., S., Jacksonville, Fla.		
REGISTRAR—SIGNATURE <i>[Signature]</i>		DATE RECEIVED BY LOCAL REGISTRAR Feb 2, 1977	

I hereby certify the above to be a true and correct photo copy of the record on file in this office. (Not valid unless the raised seal of the DEPARTMENT OF HEALTH AND WELFARE, PUBLIC HEALTH DIVISION, VITAL STATISTICS, JACKSONVILLE, FLORIDA, is affixed.)

[Signature]
Chief, Public Health Division
[Signature]
Chief Deputy Registrar

Feb 2, 1977

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