PASCO COUNTY HEALTH DEPARTMENT

6 27964

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CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

6199

LOCAL FILE NO.

DECEDENT

1. DECEDENT—NAME (First, Middle, Last): Irene Mary Stevens
2. SEX: Female
3. DATE OF DEATH (Mo., Day, Yr.): January 11, 1981
4. RACE (e.g., White, Black, Am. Indian, etc.) (Specify): White
5a. AGE—Last Birthday (Yrs.): 70
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Mo., Day, Yr.): October 31, 1910
7a. COUNTY OF DEATH: Pasco
7b. CITY, TOWN OR LOCATION OF DEATH: New Port Richey
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): 512 3rd Avenue,
7d. IF HOSP. OR INST. Indicate DOA, OP/Emer., In-patient (Specify)
8. STATE OF BIRTH (If not in U.S.A., name country): Minnesota
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): James L. Stevens
12. SOCIAL SECURITY NUMBER: 347-01-0199
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At Home
14. USUAL RESIDENCE (Where deceased lived. If death occurred in institution, give residence before admission.)
14a. RESIDENCE—STATE: Florida
14b. COUNTY: Pasco
14c. CITY, TOWN OR LOCATION: New Port Richey
14d. STREET AND NUMBER: 512 3rd Avenue
14e. INSIDE CITY LIMITS (Specify Yes or No): No

PARENTS

15. FATHER—NAME (First, Middle, Last): Jacob Gapp
16. MOTHER—MAIDEN NAME (First, Middle, Last): Frances Pappenfuss

INFORMANT

17a. INFORMANT—NAME (Type or Print): James L. Stevens
17b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 512 3rd Avenue, New Port Richey, Florida 33552

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
18b. CEMETERY OR CREMATORY—NAME: Meadowlawn Memorial Gdns
18c. LOCATION (City or Town, State): New Port Richey, Florida 33552
17c. FUNERAL DIRECTOR (Signature): FE 1476
17b. FUNERAL HOME: George B. Morgan Funeral Home
ADDRESS: 326 State Road 518, New Port Richey, Florida 33552

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title): William J. Paladine MD
20b. DATE SIGNED (Mo., Day, Yr.): January 16, 1981
20c. HOUR OF DEATH: 5:00 A M
20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

To be Completed by MEDICAL EXAMINER

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):
21b. DATE SIGNED (Mo., Day, Yr.):
21c. HOUR OF DEATH: M
21d. PRONOUNCED DEAD (Mo., Day, Yr.): ON
21e. PRONOUNCED DEAD (Hour): AT M

22. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print): William J. Paladine, M. D., 1810 Aspen, New Port Richey, Florida 33552

REGISTRAR

23a. (Signature): Susan F. Morgan
23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): January 16, 1981

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a): metastatic adenocaranoma — Interval between onset and death: 42 mo
DUE TO, OR AS A CONSEQUENCE OF:
(b): Adenocarcinoma of the breast — Interval between onset and death: 7 years
DUE TO, OR AS A CONSEQUENCE OF:
(c): — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a):

25. AUTOPSY (Specify yes or no): No
26. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): Yes
27a. (Probably) ACCIDENT, SUICIDE or HOMICIDE; or UNDETERMINED (Specify):
27b. DATE OF INJURY (Mo., Day, Yr.):
27c. HOUR OF INJURY: M
27d. DESCRIBE HOW INJURY occurred:
27e. INJURY AT WORK (Specify Yes or No):
27f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
27g. LOCATION: STREET OR R.F.D. No., CITY OR TOWN, STATE

HRS Form 512, Jun. 1979 (Replaces OPCVS Form VS-2612)

'83 SEP 8 PM 1 State of Florida Department of Health and Rehabilitative Services VITAL STATISTICS

5609 Lake Worrel Ct.
New Port Richey, Fla
33552

CERTIFIED COPY

I HEREBY CERTIFY THE ABOVE COPY TO BE A TRUE AND CORRECT COPY OF THE LOCAL REGISTRAR'S RECORD ON FILE IN THE PASCO COUNTY HEALTH DEPARTMENT.

(Warning: Not valid unless raised seal of the Pasco County Health Department is affixed.)

Jan 16, 1981
DATE

Barbara C. Shea
DEPUTY REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH ;ss
I hereby certify that the within instrument was received and filed for record on the 8th day of September A.D., 1983 at 1:12 o'clock P M and duly recorded in Vol M83, of Deeds on page 15298

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK
by Bernetha M Selock Deputy