STATE OF FLORIDA

OFFICE of VITAL STATISTICS

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CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME	FIRST	MIDDLE	LAST	2. SEX
	Dave		Davis	Male

3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 Day Hours	Minutes
November 15, 1991	310-28-8989	60				

6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
March 12, 1931	Muncie, Indiana	Yes

9a. PLACE OF DEATH (Check only one; see instructions on other side) — 9b. INSIDE CITY LIMITS? (Yes or No): Yes

HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☒ DOA — OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9c. FACILITY NAME (If not institution, give street and number)	9d. CITY, TOWN, OR LOCATION OF DEATH	9e. COUNTY OF DEATH
Humana Hospital Kissimmee	Kissimmee	Osceola

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
Production	Government Contracts	Married	Joan I. Dowell

13a. RESIDENCE — STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
California	Orange	Huntington Beach	6531 Cory Drive

13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	15. RACE — American Indian, Black, White, etc. Specify:	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12)	College (1 - 4 or 5 +)
Yes	92647		White	10	

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Ralph Davis	Lillian Rieman

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Joan I. Davis	6531 Cory Drive, Huntington Beach, CA 92647

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION — City or Town, State
☐ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)	Riverside National Cemetery	Riverside, California

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY
[signature]	2819	Grissom Funeral Home & Crematory 803 Emmett Street, Kissimmee, FL 34741

To be Completed by CERTIFYING PHYSICIAN Only

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)
22b. DATE SIGNED (Mo., Day, Yr.)
22c. HOUR OF DEATH
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER

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) [signature] Thomas P. Hegert M.D.
23b. DATE SIGNED (Mo., Day, Yr.): November 16, 1991
23c. HOUR OF DEATH: 5:52 PM
23d. PRONOUNCED DEAD (Mo., Day, Yr.): November 15, 1991
23e. PRONOUNCED DEAD (Hour): 5:52 PM

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)
T.F. HEGERT, M.D., CHIEF DIST. 9 M.E., 1401 Lucerne Terrace, Orlando, FL 32806

25a. SUBREGISTRAR — SIGNATURE AND DATE	25b. LOCAL REGISTRAR — SIGNATURE	25c. DATE REGISTERED
[signature] 11-20-91	[signature] Margaret Lane	NOV 22 1991

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter only the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiac Arrhythmia DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	b. Arteriosclerotic cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Post-op valve prothesis, pacemaker placement

27a. WAS AN AUTOPSY PERFORMED? (Yes or No)	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)
No	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
Natural				
	32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

Grissom (Local)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: [signature] Margaret Lane OLIVER H. BOORDE State Registrar

HRS FORM 1564A (0-88)

CERTIFICATION OF VITAL RECORD

10426

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Realvest Inc. the 13th day of May A.D., 19 92 at 11:30 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 10425.

Evelyn Biehn County Clerk

FEE $15.00 By Deanna Mullenaux

Return: Realvest Inc.
2210 Wilshire Blvd. #345
Santa Monica, Ca. 90403

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