STATE OF FLORIDA

'96 APR 24 OFFICE OF VITAL STATISTICS

CERTIFIED COPY

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Vol M0le Page 11373

'96 APR 24 A9:58

MTC 357818 MF

TYPE OR PRINT IN PERMANENT BLACK INK

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. 952755

DECEDENT

1. DECEDENT'S NAME — FIRST: Clarence — MIDDLE: — LAST: Sumrall — 2. SEX: Male

3. DATE OF DEATH (Month, Day, Year): June 21, 1995 — 4. SOCIAL SECURITY NUMBER: 476-28-1609 — 5a. AGE-Last Birthday (years): 78 — 5b. UNDER 1 YEAR: Months / Days — 5c. UNDER 1 Day: Hours / Minutes

6. DATE OF BIRTH (Month, Day, Year): September 14, 1916 — 7. BIRTHPLACE (City and State or Foreign Country): Columbia, Mississippi — 8. WAS DECEDENT EVER IN US ARMED FORCES? (Yes or No): YES

7.

9a. PLACE OF DEATH (Check only one; see instructions on other side)

9a. HOSPITAL: XX Inpatient __ ER/Outpatient __ DOA — OTHER: __ Nursing Home __ Residence __ Other (Specify)

9b. INSIDE CITY LIMITS? (Yes or No): YES

9bdc 6704

9c. FACILITY NAME (If not institution, give street and number): Gulf Breeze Hospital — 9d. CITY, TOWN, OR LOCATION OF DEATH: Gulf Breeze — 9e. COUNTY OF DEATH: Santa Rosa

10. GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED.

10a. DECEDENT'S USUAL OCCUPATION: U.S. Coast Guard — 10b. KIND OF BUSINESS/INDUSTRY: U.S. Government — 11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married — 12. SURVIVING SPOUSE (If wife, give maiden name): Dorothy Goldsworthy

13.

13a. RESIDENCE — STATE: Florida — 13b. COUNTY: Santa Rosa — 13c. CITY, TOWN, OR LOCATION: Gulf Breeze — 13d. STREET AND NUMBER: 3879 Bay Wind Drive

13e. INSIDE CITY LIMITS? (Yes or No): NO — 13f. ZIP CODE: 32561 — 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: White — 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12): Unobtainable — College (1 - 4 or 5 +):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Elijah Sumrall — 18. MOTHER'S NAME (First, Middle, Maiden Surname): Emma Crawely

19a. INFORMANT'S NAME (Type/Print): Dorothy Sumrall — 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3879 Bay Wind Drive Gulf Breeze Florida 32561

20a.

DISPOSITION

20a. METHOD OF DISPOSITION: XX Burial __ Cremation __ Removal from State __ Donation __ Other (Specify) — 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Barrancas National Cemetery — 20c. LOCATION — City or Town, State: NAS Pensacola, Florida

Part Ia.

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ▶ Ronald Lee Dean — 21b. LICENSE NUMBER (of Licensee): FE 0003968 — 21c. NAME AND ADDRESS OF FACILITY: Martin Funeral Home 2902 Gulf Breeze Parkway, Gulf Breeze, FL 32561

CERTIFIER

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) ▶ — 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.): 6/22/95 — 22c. HOUR OF DEATH: 8:10 am M — 23b. DATE SIGNED (Mo., Day, Yr.) — 23c. HOUR OF DEATH M

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER

23d. MEDICAL EXAMINER'S CASE # __-__-____-____-____

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Dr. Anita S. Westafer 2517 Gulf Breeze Parkway, Gulf Breeze, Florida 32561

25a. SUBREGISTRAR — SIGNATURE AND DATE ▶ — 25b. LOCAL REGISTRAR — SIGNATURE: Mary L Lasseter — 25c. DATE REGISTERED: JUN. 26 1995

CAUSE OF DEATH BY CERTIFIER

Part II

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Congestive heart failure — 4 months

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

b. Severe Pulmonary fibrosis — DUE TO (OR AS A CONSEQUENCE OF): — 2 yrs

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. — 27a. WAS AN AUTOPSY PERFORMED? (Yes or No): No — 27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) — 28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): No

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32e

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)

32f

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined: natural — 32a. DATE OF INJURY (Month, Day, Year) — 32b. TIME OF INJURY M — 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)

HRS Form 512, Jan. 93 (Previous Editions Obsolete)

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

BY: Mary L Lasseter Chief Deputy Registrar — JUN. 26 1995 State Registrar

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HRS FORM 1564A (6-93)

HRS DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

11373-A

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of AmeriTitle the 24th day
of April A.D., 19 96 at 9:57 o'clock A M., and duly recorded in Vol. M96
of Deeds on Page 11373.

FEE $15.00 Return: AmeriTitle

Bernetha G. Letsch, County Clerk
By