STATE OF FLORIDA

MTC-39116

OFFICE of VITAL STATISTICS

23804

CERTIFIED COPY

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96 AUG 26 AM 11:42

LOCAL FILE NO. 93 2010

CERTIFICATE OF DEATH FLORIDA

93 049938

1. DECEDENT'S NAME: FIRST JENNIE MIDDLE MAE LAST BLEDSOE
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): April 23, 1993
4. SOCIAL SECURITY NUMBER: 552-36-2497
5a. AGE-Last Birthday (years): 77
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 Day: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 27, 1916
7. BIRTHPLACE (City and State or Foreign Country): Monroe, Louisiana
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): NO
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: XX Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. INSIDE CITY LIMITS? (Yes or No): YES
9c. FACILITY NAME (If not institution, give street and number): Florida Hospital South
9d. CITY, TOWN, OR LOCATION OF DEATH: Orlando
9e. COUNTY OF DEATH: Orange
10a. DECEDENT'S USUAL OCCUPATION: Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Robert Bledsoe
13a. RESIDENCE — STATE: California
13b. COUNTY: Merced
13c. CITY, TOWN, OR LOCATION: Winton
13d. STREET AND NUMBER: 5990 W. Oakdale Road
13e. INSIDE CITY LIMITS? (Yes or No): YES
13f. ZIP CODE: 95388
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) XX No ☐ Yes Specify:
15. RACE — American Indian, Black, White, etc. Specify: Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 3 College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Ben Kindle
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mattie Woods
19a. INFORMANT'S NAME (Type/Print): Armeda Baines
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2705 Mission Way; Atwater, California 95301
20a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation XX Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Winton Cemetery
20c. LOCATION — City or Town, State: Winton, California
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (of Licensee): 3104
21c. NAME AND ADDRESS OF FACILITY: Baldwin-Fairchild Funeral Home 301 N.E.Ivanhoe Blvd.; Orlando, Florida

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) [signature] M.D.
22b. DATE SIGNED (Mo., Day, Yr.): April 27, 1993
22c. HOUR OF DEATH: 1:01 am
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)
23b. DATE SIGNED (Mo., Day, Yr.)
23c. HOUR OF DEATH: M
23d. PRONOUNCED DEAD (Mo., Day, Yr.)
23e. PRONOUNCED DEAD (Hour): M

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): 1320 S. Orlando Ave. Winter Park, FL 32789 Dr. Sung Im
25a. SUBREGISTRAR — SIGNATURE AND DATE: [signature] 4/29/93
25b. LOCAL REGISTRAR — SIGNATURE: [signature] DEPUTY REGISTRAR
25c. DATE REGISTERED: APR 30 1993

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

MAY 31 1996

BY

[signature] State Registrar

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HRS DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

HRS FORM 1564 (6-93)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of AmeriTitle the 26th day of August A.D., 19 96 at 11:42 o'clock AM., and duly recorded in Vol. M96, of Deeds on Page 26328.

Bernetha G Letsch, County Clerk

By [signature]

FEE $10.00