STATE OF FLORIDA

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OFFICE of VITAL STATISTICS

064037

FLORIDA CERTIFICATE OF DEATH

2006 092403

CAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Nathaniel Brown
2. SEX: Male
3. DATE OF BIRTH (Month, Day, Year): October 4, 1950
4a. AGE-Last Birthday (Years): 55
4b. UNDER 1 YEAR Months / Days:
4c. UNDER 1 DAY Hours / Minutes:
5. DATE OF DEATH (Month, Day, Year): July 4, 2006
6. SOCIAL SECURITY NUMBER: 261-80-5973
7. BIRTHPLACE (City and State or Foreign Country): Winter Garden, Florida
8. COUNTY OF DEATH: Orange
9. PLACE OF DEATH (Check only one): HOSPITAL: X Inpatient; Emergency Room/Outpatient; Dead On Arrival. NON-HOSPITAL: Hospice facility; Nursing Home/Long Term Care Facility; Decedent's Home; Other (Specify)
10. FACILITY NAME (If not institution, give street address): Health Central
11a. CITY, TOWN, OR LOCATION OF DEATH: Ocoee
11b. INSIDE CITY LIMITS? X Yes No
12. MARITAL STATUS (Specify): Married; Married, but Separated; Widowed; Divorced; X Never Married
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name):
14a. RESIDENCE - STATE: Florida
14b. COUNTY: Orange
14c. CITY, TOWN, OR LOCATION: Winter Garden
14d. STREET ADDRESS: 1070 East Bay Street
14e. APT. NO.:
14f. ZIP CODE: 34787
14g. INSIDE CITY LIMITS? X Yes No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired"): Laborer
15b. KIND OF BUSINESS/INDUSTRY: Construction
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.): White; X Black or African American; American Indian or Alaskan Native (Specify tribe); Asian Indian; Chinese; Filipino; Japanese; Korean; Vietnamese; Other Asian (Specify); Native Hawaiian; Guamanian or Chamorro; Samoan; Other Pacific Isl. (Specify); Other (Specify)
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.): Yes (If Yes, specify); X No; Mexican; Puerto Rican; Cuban; Central/South American; Other Hispanic (Specify); Haitian
18. DECEDENT'S EDUCATION (Specify the decedent's highest grade or level of school completed at time of death.): 8th or less; High school but no diploma; X High school diploma or GED; College but no degree; College degree (Specify): Associate; Bachelor's; Master's; Doctorate
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes X No
20. FATHER'S NAME (First, Middle, Last, Suffix): Henry Brown
21. MOTHER'S NAME (First, Middle, Maiden Surname): Isabelle McMillan
22a. INFORMANT'S NAME: Henry Brown
22b. RELATIONSHIP TO DECEDENT: Father
23a. INFORMANT'S MAILING - STATE: Connecticut
23b. CITY OR TOWN: Wallingford
23c. STREET ADDRESS: 57 Clifton Street
23d. ZIP CODE: 06492-
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Metro Crematory
25a. LOCATION - STATE: Florida
25a. LOCATION - CITY OR TOWN: Ocoee
26a. METHOD OF DISPOSITION: Burial; Entombment; X Cremation; Donation; Removal from State; Other (Specify)
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? X Yes No
27a. LICENSE NUMBER (of Licensee): 1276
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
28. NAME OF FUNERAL FACILITY: Marvin C. Zanders Funeral Home, Inc.
29a. FACILITY'S MAILING - STATE: Florida
29b. CITY OR TOWN: Apopka
29c. STREET ADDRESS: 232 West Michael Gladden Blvd.
29d. ZIP CODE: 32703
30. CERTIFIER (Check one): X Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.
31a. (Signature and Title of Certifier): PHYSICIAN SIGNATURE
31b. DATE SIGNED (mm/dd/yyyy): 7/11/06
32. TIME OF DEATH (24 hr.): 1633
33. MEDICAL EXAMINER'S CASE NUMBER:
34a. LICENSE NUMBER (of Certifier): ME75691
34b. CERTIFIER'S NAME: Harbinder Ghulldu M.D.
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier):
36a. CERTIFIER'S - STATE: Florida
36b. CITY OR TOWN: Orlando
36c. STREET ADDRESS: 7758 Wallace Road Suite D.
36d. ZIP CODE: 32819
37. SUBREGISTRAR - Signature and Date:
38a. LOCAL REGISTRAR - Signature: DEPUTY REGISTRAR
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): JUL 14 2006
39. PROBABLE MANNER OF DEATH: Natural; The following are under jurisdiction of the medical examiner: Accident; Suicide; Homicide; Pending Investigation; Undetermined
40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? Yes X No
41. CAUSE OF DEATH- PART I. (See instructions on back) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. VENTILATOR DEPENDENT Respiratory Failure
Due to (or as a consequence of)
b. Aspiration Pneumonia
Due to (or as a consequence of)
c. Advanced COPD
Due to (or as a consequence of)
d.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
42a. WAS AN AUTOPSY PERFORMED? Yes X No
42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY
43b. DATE OF SURGERY (Mo., Day, Yr.)
44. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR: Yes No Unknown. If Yes, specify timeframe: at time of death; within 1 to 42 days of death; within 43 days to 1 year of death
46. DATE OF INJURY (Month, Day, Year)
47. TIME OF INJURY (24 hr.)
48. INJURY AT WORK? Yes No
49a. LOCATION OF INJURY - STATE
49b. CITY OR TOWN
49c. STREET ADDRESS
49d. APT. NO.
49e. ZIP CODE
50. DESCRIBE HOW INJURY OCCURRED
51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
IF TRANSPORTATION INJURY, 52a. Status of Decedent: Driver/Operator; Passenger; Pedestrian; Other (Specify)
52b. Type of Vehicle: Car/Minivan; S.U.V.; Motorcycle; Pickup Truck/Cargo Van; Bus; Heavy Transport; Other (Specify)

C. Meade Gray, State Registrar

Date Issued: MAY 23 2013

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.

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CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF HEALTH

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