

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. **76-084101**
REGISTRAR'S NO. **684-A-66**

Department of Health and Rehabilitative Services
1915 PARK ST. S.W. 33539
TALLAHASSEE, FLORIDA

DECEASED - NAME EMERY J. KELLEY		SEX Male	DATE OF BIRTH (MONTH, DAY, YEAR) December 24, 1976
RACE (WHITE, NEGRO, AMERICAN INDIAN, OR OTHER) White	AGE - LAST BIRTHDAY (YEARS, MONTHS, DAYS) 79	EDUCATION (SCHOOL GRADE) no	CITY, TOWN, OR LOCATION OF BIRTH Charlotte
CITY, TOWN, OR LOCATION OF DEATH Port Charlotte	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN STREET, GIVE STREET AND NUMBER) St. Joseph Hospital	COUNTY OF DEATH Charlotte	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) New York	CITIZENSHIP OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Dorothea Nagel
SOCIAL SECURITY NUMBER 320-18-6230	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE) Pressman	KIND OF BUSINESS OR INDUSTRY Publishing	
RESIDENCE - STATE Florida	COUNTY Charlotte	CITY, TOWN, OR LOCATION Port Charlotte	STREET AND NUMBER 147 N.E. Depew Circle
FATHER - NAME Ludwig Kelley	MOTHER - MAIDEN NAME Rose Unknown	MARRIAGE ADDRESS 147 NE Depew Cr., Pt. Charlotte, Fl. 33952	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) CONGESTIVE HEART FAILURE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 DAYS
(b) RENAL FAILURE			2 WEEKS
(c) CARCINOMA OF UNKNOWN PRIMARY SITE (PULMONARY METASTASIS)			MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), OR (c)			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
CERTIFICATION - PHYSICIAN: I ATTENDED HIM FROM 12 18 69 TO 12 24 76 AND LAST SAW HIM/HER ALIVE ON 12 24 76 I DID / DID NOT VIEW THE BODY AFTER DEATH. no DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE DEGREE OF MY EMPLOYMENT, BUT OF MY EMPLOYMENT, BUT TO THE CAUSE(S) STATED. 7:05 PM	SIGNATURE OF PHYSICIAN: Arno von Ruckteschell, M.D. DATE SIGNED: 12-27-76		
CERTIFICATE - NAME (TYPE OF PRINT) Arno von Ruckteschell, M.D.	SIGNATURE <i>Arno von Ruckteschell</i>	ADDRESS - CITY, STATE, ZIP 71 Beaver Lane Charlotte Harbor, Florida 33950	DATE SIGNED (MONTH, DAY, YEAR) 12-27-76
BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	CEMETERY OR CREMATORY - NAME Fort Myers Crematory	LOCATION (CITY OR TOWN, STATE) Fort Myers, Florida	DATE (MONTH, DAY, YEAR) Dec 28, 1976
FUNERAL DIRECTOR (SPECIFY) <i>Walter B. Schuchert</i>	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) KAYS FUNERAL HOME, P.O. Box 2056-Pt. Charlotte, Fl. 33952	DATE RECEIVED BY LOCAL REGISTRAR Dec. 27, 1976	

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

JAN 3 1992

BY

OLIVER H. BOORDE
State Registrar
Oliver H. Boorde

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