

**RECORDING FEE PAID \$ 5.04**

**STATE OF FLORIDA**

STATE FILE NO. **1014** PAGE **489**  
REGISTRAR'S NO.

Department of Health and Rehabilitation Services  
DIVISION OF HEALTH  
BUREAU OF VITAL STATISTICS

TYPE OR PRINT IN PERMANENT INK  
SEE HANDBOOK FOR INSTRUCTIONS

1616 DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE MORE REM-350-4

FILED GREENVILLE CO. S.C. PAINTER

CAUSE

BURIAL

6 V. S. 8612 Rev. 1970

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| DECEASED—NAME  |  | FIRST  |  | LAST   |  | SEX  |  | DATE OF DEATH—MONTH, DAY, YEAR   |  |
| 1 LINDA  |  | CAROL  |  | DEAN   |  | Female   |  | November 3, 1974   |  |
| RACE—WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)   |  | AGE—LAST BIRTHDAY (YEARS)  |  | UNDER 1 YEAR   |  | DATE OF BIRTH—MONTH, DAY, YEAR   |  | COUNTY OF DEATH  |  |
| 8 white  |  | 26   |  |  |  | Oct 11, 1948   |  | Broward  |  |
| CITY, TOWN, OR LOCATION OF DEATH   |  | INSIDE CITY AND SPECIFY YES OR NO  |  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) |  |  |  |  |  |
| 75 Hollywood   |  | 76 yes   |  | 78 Memorial Hospital   |  |  |  |  |  |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)  |  | CITIZEN OF WHAT COUNTRY  |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)                          |  | SURVIVING SPOUSE—IF WIFE, GIVE MARRIAGE NAME                               |  |  |  |
| 9 Virginia   |  | USA  |  | 8 Married  |  | 11 Floyd Dean  |  |  |  |
| SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) |  | END OF BUSINESS OR INDUSTRY  |  |  |  |  |  |
| 12 225-68-9260   |  | 13 L.P.N.  |  | 15 Bob Jones University  |  |  |  |  |  |
| RESIDENCE—STATE  |  | COUNTY   |  | CITY, TOWN, OR LOCATION  |  | INSIDE CITY AND SPECIFY YES OR NO  |  | STREET AND NUMBER  |  |
| 14 Florida   |  | 16 Broward   |  | 18 Opa-Locka   |  | 19 yes   |  | 20 3710 NW 169th Terr.   |  |
| FATHER—NAME  |  | FIRST  |  | MIDDLE   |  | LAST   |  | MOTHER—MARRIAGE NAME   |  |
| 15 Samuel  |  | A.   |  | Jewell   |  | 16 Nellie  |  | Jones  |  |
| INFORMANT—NAME   |  | MARRIAGE ADDRESS   |  | STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP                               |  |  |  |  |  |
| 17 Floyd Dean  |  | 18 3710 NW 169th Terr.   |  | Opa Locka, Fla.  |  |  |  |  |  |
| PART I DEATH WAS CAUSED BY   |  | IMMEDIATE CAUSE  |  | ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)                          |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                               |  |  |  |
| 18   |  | (a) Metastatic Wilms Tumor   |  |  |  | 1 year   |  |  |  |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST  |  | (b)  |  | (c)  |  |  |  |  |  |
| PART II OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (e.g., (Probably) ACCIDENT, SUICIDE OF HOMICIDE, OR UNCERTAIN) |  | DATE OF INJURY (MONTH, DAY, YEAR)  |  | HOUR   |  | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |  | AUTOPSY YES OR NO  |  |
|  |  |  |  |  |  |  |  | 19 NO  |  |
| 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                                  |  |  |  |
| 20   |  | 21   |  | 22   |  | 23   |  |  |  |
| CERTIFICATION—PHYSICIAN  |  | MONTH  |  | DAY  |  | YEAR   |  | AND LAST SAW HIM/HER ALIVE ON  |  |
| 24   |  | Sept 20 1974   |  | TO Nov 3 74  |  | 25 Nov 2 74  |  | 26   |  |
| CERTIFICATION—MEDICAL EXAMINER OR CORPSE   |  | MONTH  |  | DAY  |  | YEAR   |  | DEATH OCCURRED AT THE PLACE ON THE DATE AND TO THE BODY OF BY KNOWN EDGE, ETC. TO THE CAUSE STATED |  |
| 27   |  | M 27   |  | 11   |  | 3 74   |  | 28 Nov 6 30 AM   |  |
| CERTIFIER—NAME (TYPE OR PRINT)   |  | SIGNATURE  |  | DEGREE OR TITLE  |  | DATE SIGNED (MONTH, DAY, YEAR)   |  |  |  |
| 29 Steven R Weisberg   |  | 30   |  | 31 R Weisberg MD   |  | 32 11/3/74   |  |  |  |
| MARRIAGE ADDRESS—CERTIFIER   |  | STREET OR R.F.D. NO.   |  | CITY OR TOWN   |  | STATE  |  |  |  |
| 33 3449 Johnson St.  |  | 34 Hollywood   |  | 35 Fla   |  | 36 33081   |  |  |  |
| BURIAL, CREMATION REMOVAL (SPECIFY)  |  | CEMETERY OR CREMATORY—NAME   |  | LOCATION   |  | CITY OR TOWN   |  | STATE  |  |
| 37 Removal   |  | 38 Grandview Mem Gardens   |  | 39 Travelers Rest, So. Carolina  |  |  |  |  |  |
| DATE   |  | FUNERAL HOME—NAME AND ADDRESS  |  | STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP                               |  |  |  |  |  |
| 40 Nov. 4, 1974  |  | 41 FRED HUNTER FUNERAL HOME INC  |  | 42 6301 Taft Hollywood, Fla.   |  |  |  |  |  |
| FUNERAL DIRECTOR—SIGNATURE   |  | REGISTRAR—SIGNATURE  |  | DATE RECEIVED BY LOCAL REGISTRAR   |  |  |  |  |  |
| 43   |  | 44   |  | 45   |  | 46   |  | 47   |  |

FOR DEFD SEE DEED BOOK 1014 at PAGE 435

**CERTIFIED COPY**

I hereby certify the above to be a true and correct copy of the Local Registrar's record on file in the Broward County Health Department at Fort Lauderdale, Florida.

(Warning: Not valid unless raised seal of the Broward County Health Department is affixed.)

11-04-74

*Paul W. [Signature]*  
County Health Officer and Local Registrar

*Ruby Lister [Signature]*  
Deputy Local Registrar

At 4:02 P.M.

RECORDED FEB 10 '75

18725

4328 RV-2