STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

Department of Health and Rehabilitative Services
DIVISION OF HEALTH

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 70-060567

REGISTRAR'S NO. 03923

1. DECEASED—NAME: EDWARD COLEY
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): OCTOBER 24, 1970
4. RACE: WHITE
5a. AGE—LAST BIRTHDAY (YEARS): 80
6. DATE OF BIRTH (MONTH, DAY, YEAR): OCT. 14, 1890
7a. COUNTY OF DEATH: HILLSBOROUGH
7b. CITY, TOWN, OR LOCATION OF DEATH: TAMPA
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): MEDICENTER
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): NEW YORK
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): MARY HYDOCK
12. SOCIAL SECURITY NUMBER: 151-10-2058
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): GENERAL SUPERVISOR
13b. KIND OF BUSINESS OR INDUSTRY: OIL COMPANY
14a. RESIDENCE—STATE: FLORIDA
14b. COUNTY: HILLSBORO
14c. CITY, TOWN, OR LOCATION: TAMPA
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
14e. STREET AND NUMBER: 3206 PAXTON AVENUE
15. FATHER—NAME: NAPOLEON COLEY
16. MOTHER—MAIDEN NAME: MYRA MARSHALL
17a. INFORMANT—NAME: MRS. MARY COLEY
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 3206 PAXTON AVE. TAMPA, FLORIDA

18a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM May 27-70 TO 11-24-70
18b. AND LAST SAW HIM/HER ALIVE ON: 10-24-70
18c. DID/DID NOT VIEW THE BODY AFTER DEATH: did
18d. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED: P
18e. HOUR OF DEATH: 1:45
18f. CERTIFICATION—MEDICAL EXAMINER OR CORONER: I HAVE ON THIS DAY OF MY OFFICE
18g. THE DECEDENT WAS PRONOUNCED DEAD
18h. CERTIFIER—NAME (TYPE OR PRINT): EDWARD PEDRERO M.D.
18i. SIGNATURE: Edward Pedrero Jr. MD
18j. DATE SIGNED (MO./DAY/YR.): 10-26-70
18k. MAILING ADDRESS—CERTIFIER: 5251 S. Dale Mabry TAMPA FLA 33611
19a. BURIAL, CREMATION, REMOVAL: BURIAL
19b. CEMETERY OR CREMATORY—NAME: GARDEN OF MEMORIES
19c. LOCATION: TAMPA FLORIDA
19d. DATE (MONTH, DAY, YEAR): OCT. 27, 1970
19e. FUNERAL HOME—NAME AND ADDRESS: CURRY'S - 605 S. MacDILL AVE. - TAMPA, FLORIDA
19f. FUNERAL DIRECTOR—SIGNATURE: Marshall Curry Jr
19g. REGISTRAR—SIGNATURE: Nancy McClain
19h. DATE RECEIVED BY LOCAL REGISTRAR: October 26, 1970

C. Wade Jr. III, State Registrar

Date Issued: JAN 19 2005

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 A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1946 (02-04)

B1307970

CERTIFICATION OF VITAL RECORD

1307970

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED