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Palm Beach County Health Department

CERTIFICATE OF DEATH FLORIDA

STATE FILE NO. _____
REGISTRAR'S NO. **2233**

TYPE OR PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

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

DECEASED—NAME: **LESSLIE S. HOWELL** SEX: **Male** DATE OF DEATH (MONTH, DAY, YEAR): **June 25, 1971**

RACE: **White** AGE—LAST BIRTHDAY (YEAR, MONTH, DAY): **74** UNDER 1 YEAR: **NO** UNDER 1 DAY: **NO** DATE OF BIRTH (MONTH, DAY, YEAR): **March 25, 1897** COUNTY OF DEATH: **Palm Beach**

CITY, TOWN, OR LOCATION OF DEATH: **Lake Worth** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Mason's Nursing Home**

STATE OF BIRTH (IF NOT IN FLA., GIVE STATE): **Pennsylvania** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): **Pauline Page**

SOCIAL SECURITY NUMBER: _____ USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, IF RETIRED): **Retired Broker** KIND OF BUSINESS OR INDUSTRY: **Real Estate and Insurance**

RESIDENCE—STATE: **Florida** COUNTY: **Palm Beach** CITY, TOWN, OR LOCATION: **West Palm Beach** INSIDE CITY LIMITS (SPECIFY YES OR NO): **NO** STREET AND NUMBER: **242 Alpine Road**

6016
DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME: **Charles Henry Stockton Howell** MOTHER—MAIDEN NAME: **Jeannette Lesslie**

INFORMANT—NAME: **Mrs. Pauline Howell** MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **242 Alpine Road, West Palm Beach, Florida**

CAUSE

PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) **Coronary artery** APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH: **9 mos.**

(b) _____

(c) _____

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE FOR STATING THE UNDERLYING CAUSE LAST:

CERTIFIER

PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

(Specify ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED)

DATE OF INJURY (MONTH, DAY, YEAR): _____ HOUR: _____

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1a)

INJURY AT WORK (SPECIFY YES OR NO): _____ PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, LOCATION: _____

BURIAL

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ MONTH _____ DAY _____ YEAR TO _____ MONTH _____ DAY _____ YEAR AND LAST SAW HIM/HER ALIVE ON _____ MONTH _____ DAY _____ YEAR. DID/DID NOT VIEW THE BODY AFTER DEATH (SPECIFY): **NO** DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSES STATED.

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED.

CERTIFIER—NAME (IF NOT PRINTED): **F. J. KIDDER, MD.** SIGNATURE: _____ DIGITEL OF TIME: _____ DATE SIGNED (MONTH, DAY, YEAR): **6 26 71**

MAILING ADDRESS: **1615 A Federal Lake Worth Fla 33460**

BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY—NAME: **Hillcrest** LOCATION: **West Palm Beach, Florida**

DATE: **June 29, 1971** FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **F. Earl Smith & Son Funeral Home Inc. Lake Worth, Florida 33460**

V. S. 4612 Rev. 1970 FUNERAL DIRECTOR'S SIGNATURE: _____ REGISTRAR'S SIGNATURE: **Pauline B. Smith** DATE RECEIVED BY LOCAL REGISTRAR: **6-28-71**

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE REGISTRAR'S RECORD ON FILE IN THIS OFFICE

(Not valid unless the seal of the Palm Beach County Health Department is affixed)

July 1, 1971

C. L. Brunsack
C. L. Brunsack, M.D.
Local Registrar
Bureau of Vital Statistics
West Palm Beach, Florida

4.00

RECORDER'S MEMO: Legibility of Writing, Typing or Printing unsatisfactory in this document when received.

Recorded in O R Book & Record verified
Palm Beach County, Fla.,
John B. Dunkle
Mark Circuit Court