

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

AMENDED 3-20-70

CERTIFICATE OF DEATH

70-009168

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

FLORIDA

STATE FILE NO.

REGISTRAR'S NO.

1667

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Raymond Valentina Muscella		Male	February 2, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDECEASED YEAR MONTH DAYS	UNDER 1 DAY HOUR MIN.
White	78	February 14, 1891	February 2, 1970
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN CITY, GIVE STREET AND NUMBER)	COUNTY OF DEATH
Hialeah		535 East 39th Street	Dade
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 MAIDEN NAME)
Italy	U.S.A.	Married	Mrs. Nellie Verrechia
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
150-10-0878	Cabinet Maker	Construction Company	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
Florida	Dade	Hialeah	535 East 39th St.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
Unobtainable		Unobtainable	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
Mrs. Nellie Muscella		535 East 39th St. Hialeah, Fla.	

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a.		21b.	21c.	21d.	21e.
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 CAUSE(S) STATED.			HOUR OF DEATH	THE DECEASED WAS FOUND	
22a.			22b.	22c.	22d.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
D. Contostavlos, M.D.				2/2/70	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
4720 NW 10 Ave.			Miami	Fla.	
BURIAL—CREATION, REMOVAL (SPECIFY)	CEMETERY—NAME	LOCATION			
23a.	23b.	23c.			
Burial	Vista Memorial Gardens	Hialeah, Fla.			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24a.	24b.				
2-4-70	Carl F. Stode Funeral Home 800 Palm Ave Hialeah, Fla.				
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR			
		25a.			
		FEB 3 1970			

Ken Jones, State Registrar

Date Issued: June 03, 2015

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