STATE OF FLORIDA
COUNTY OF DADE

I hereby certify that this is a true and correct copy of the instrument presented to me by Marie Long.

WITNESS my hand and official seal, this 6th day of August, 1986.

Notary Public-State of Florida

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. DEC. 8,1988
BONDED THRU GENERAL INS. UND.

STATE OF FLORIDA

DEPARTMENT OF
Health & Rehabilitative Services

DISTRICT ELEVEN

I HEREBY CERTIFY THIS TO BE A TRUE COPY OF THE LOCAL REGISTRAR'S RECORD OF DEATH.

S E A L

WARNING:
(Not valid unless the raised seal of the Bureau of Vital Statistics is affixed.)

DADE COUNTY DEPARTMENT OF PUBLIC HEALTH
1350 N. W. 14TH ST.
MIAMI, FLORIDA 33125

Beatrice Marchetti
DEPUTY REGISTRAR

TYPE OR PRINT PERMANENT BLACK INK SEE HANDBOOK FOR INSTRUCTIONS

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

DECEDENT

1 DECEDENT—NAME FIRST	MIDDLE	LAST	2 SEX	3 DATE OF DEATH (Mo. Day, Yr.)
William	Oliver	Long Jr.	Male	July 21, 1986

4 RACE—e.g., White, Black Am. Indian, etc. (Specify)	5a AGE—Last Birthday (Yrs.)	UNDER 1 YEAR 5b MOS. / DAYS	UNDER 1 DAY 5c HOURS / MINS.	6 DATE OF BIRTH (Mo., Day, Yr.)	7a COUNTY OF DEATH
White	71			March 31, 1915	Dade

7b CITY, TOWN OR LOCATION OF DEATH	7c HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)	7d IF HOSP. OR INST. (Indicate DOA, OP/Emer. Rm., Inpatient (Specify)
Hialeah	Palmetto General Hospital	Inpatient

8 STATE OF BIRTH (If not in U.S.A., name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)
Delaware	U.S.A.	Married	Marie Muscella

12 SOCIAL SECURITY NUMBER	13a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	13b KIND OF BUSINESS OR INDUSTRY
261-26-3515	Communication	Airline

PARENTS

14a RESIDENCE—STATE	14b COUNTY	14c CITY, TOWN OR LOCATION	14d STREET AND NUMBER	14e INSIDE CITY LIMITS (Specify Yes or No)
Florida	Dade	Miami Lakes	14180 Leaning Pine Dr.	Yes

15 FATHER—NAME FIRST MIDDLE LAST	16 MOTHER—MAIDEN NAME FIRST MIDDLE LAST
William Oliver Long	Hannah Conwell

DISPOSITION

17a INFORMANT—NAME (Type or Print)	17b MAILING ADDRESS STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
John McLaughlin	8320 Menteith Terrece	MiamiLakes	Florida	33016

18a BURIAL, CREMATION, REMOVAL, OTHER (Specify)	18b CEMETERY OR CREMATORY—NAME	18c LOCATION CITY OR TOWN	STATE
Burial	Vista Memorial Gardens	Hialeah	Florida

19a FUNERAL DIRECTOR—(Signature)	19b FUNERAL HOME	ADDRESS
[signature]	Vista Funeral Home	14200 N.W. 57 Avenue Hialeah Florida 33014

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title) ▶ [signature]

20b DATE SIGNED (Mo., Day, Yr.)	20c HOUR OF DEATH
July 22, 1986	12:15 P.M.

20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER

21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title) ▶

21b DATE SIGNED (Mo., Day, Yr.)	21c HOUR OF DEATH
	M

21d PRONOUNCED DEAD (Mo., Day, Yr.) ON	21e PRONOUNCED DEAD (Hour) AT
	M

22. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print)
Carlos L. Abraira M.D. 7100 West 20 Avenue Suite 305 Hialeah Florida 33016

23a REGISTRAR (Signature) ▶	23b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
Sub [signature] Pawley Jr. July 22 1986	JUL 22 1986

CAUSE OF DEATH

24. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I
(a) Cerebral infarction — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (Condition(s) which gave rise to cause (a) — List underlying cause last)
(b) Cerebral Thrombosis — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerosis. Hypertension — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
Chronic Nephrosclerosis

PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes ☐ No ☐

AUTOPSY (yes or no) 25	CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) 26
No	No

27a (Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify)	27b DATE OF INJURY (Mo., Day, Yr.)	27c HOUR OF INJURY	27d DESCRIBE HOW INJURY OCCURRED
		M	

27e INJURY AT WORK (Specify Yes or No)	27f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	27g LOCATION STREET OR R.F.D. NO.	CITY OR TOWN	STATE

State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

HRS Form 512, Jul 84 (Obsoletes previous editions as of 12-31-84