

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 65-025105

REGISTRAR'S NO. 2630

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Marion		CODE NO. 52-044	2. USUAL RESIDENCE (Where deceased lived. If institution - Residence before admission) a. STATE Florida		b. COUNTY Marion
b. CITY, TOWN, OR LOCATION Ocala		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION Ocala	c. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Munroe Memorial			d. STREET ADDRESS 52-xxx 2315 Suncrest Drive		
3. NAME OF DECEASED (Type or print) Frank Barberich			4. DATE OF DEATH Month Day Year May 1, 1965		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 3, 1882		9. AGE (In years last of day) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Pitcher Boston Red Sox		10b. KIND OF BUSINESS OR INDUSTRY Sports	11. BIRTHPLACE (State or foreign country) Astoria, L.I.N.Y.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME not available			14. MOTHER'S MAIDEN NAME not available		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 088-07-3439	17. INFORMANT'S SIGNATURE Virginia Carroll Address 2315 Suncrest Dr. Ocala, Florida		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute mesenteric thrombosis, 24 hours</i>					INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Arteriosclerotic heart disease</i>					
20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>June 1964 to May 1, 1965</i> and last saw ^{her} him alive on <i>May 1, 1965</i> Death occurred at <i>3:35 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.</i>					
22a. SIGNATURE <i>A. L. Hamel, MD</i> (Degree or title)				22b. ADDRESS <i>Ocala, Fla.</i>	
				22c. DATE SIGNED <i>May 3, 1965</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>May 1, 1965</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Greenfield</i>	
				23d. LOCATION (City, town, or county) (State) <i>Roosvelt, L.I.N.Y.</i>	
24. FUNERAL DIRECTOR'S SIGNATURE <i>A. Blauclark</i>			ADDRESS <i>Robert's Funeral Home Ocala, Florida</i>		25. DATE RECD. BY LOCAL REG. <i>May 3, 1965</i>
26. REGISTRAR'S SIGNATURE <i>Walter Thomas Dorrel</i>					

MEDICAL CERTIFICATION