

39-99-004776

CERTIFICATE OF DEATH
FLORIDA

9 9 0 8 2 0 9 4

LOCAL FILE NO.

1 DECEDENT'S NAME	FIRST	MIDDLE	LAST	2 SEX	
Berthold	John	Haas	Male		
3 DATE OF DEATH (Month, Day, Year)	4 SOCIAL SECURITY NUMBER	5a AGE-Last Birthday (years)	5b UNDER 1 YEAR	5c UNDER 1 Day	
June 23, 1999	483-10-0474	85	Months	Days	Hours
6 DATE OF BIRTH (Month, Day, Year)	7 BIRTHPLACE (City and State or Foreign Country)	8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)			
February 8, 1914	Naperville, Illinois	Yes			
9a PLACE OF DEATH (Check only one see instructions on other side)	9b INSIDE CITY LIMITS? (Yes or No)				
HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	No				
9c FACILITY NAME (if not institution, give street and number)	9d CITY, TOWN, OR LOCATION OF DEATH	9e COUNTY OF DEATH			
Palm Gardens of Tampa	Tampa	Hillsborough			
10a DECEDENT'S USUAL OCCUPATION	10b KIND OF BUSINESS/INDUSTRY	11 MARITAL STATUS - Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify)	12 SURVIVING SPOUSE (if wife, give maiden name)		
Professional Baseball Player	Sports	Widowed			
13a RESIDENCE - STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13c STREET AND NUMBER		
Florida	Hillsborough	Tampa	4604 Kensington Ave.		
13e INSIDE CITY LIMITS? Yes or No	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify race: Cuban, Mexican, Puerto Rican, etc.)	15 RACE - American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Specify	16 DECEDENT'S EDUCATION	
Yes	33629	Specify	White	Elementary/Secondary	College/Post-Secondary
17 FATHER'S NAME (First, Middle, Last)	18 MOTHER'S NAME (First, Middle, Maiden Surname)				
John Haas	Doris Duke				
19a INFORMANT'S NAME (Type, Print)	19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
Raymond Haas	5541 Griffith Branch Rd., Madisonville, TN 37115				
21a METHOD OF DISPOSITION	21b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION - City, Town, State			
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	Directors Service	St. Petersburg, FL			
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b LICENSE NUMBER of Licensee	21c NAME AND ADDRESS OF FACILITY			
	2503	Mark III Funeral Home 3328 S. Dale Mabry Hwy., Tampa, FL 33629			
22a To the best of my knowledge, death occurred at the time, date and place and due to the causes, as stated (Signature and Title)	22b DATE SIGNED (Mo., Day, Yr.)	22c HOUR OF DEATH	23a On the basis of examination and/or investigation, the opinion or death occurred at the time, date and place and due to the causes, and manner as stated (Signature and Title)	23b DATE SIGNED (Mo., Day, Yr.)	
	7/1/99	3:55 PM			
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	23c HOUR OF DEATH	23c MEDICAL EXAMINER'S CASE #			
Dr. John Stauffer, M.D., 2919 Swann Ave., Tampa, FL 33609					
25a SUBREGISTRAR - SIGNATURE AND DATE	25b LOCAL REGISTRAR - SIGNATURE	25c DATE REGISTERED			
	7/1/99		JUL 02 1999		

DECEDENT

PARENTS

DISPOSITION

CERTIFIER