

CERTIFICATE OF DEATH  
FLORIDA

'57-041592

STATE FILE NO.

BIRTH NO.

REGISTRAR'S NO.

384

1. PLACE OF DEATH a. COUNTY Volusia		CODE NO. 74-23	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida		b. COUNTY Volusia
b. CITY, TOWN, OR LOCATION DeLand		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION DeLand	
d. NAME OF HOSPITAL OR INSTITUTION 745 W. Pennsylvania		e. LENGTH OF STAY IN 15 4 yrs.		d. STREET ADDRESS 745 W. Pennsylvania	
3. NAME OF DECEASED (Type or print) JOHN CHARLES NESS			4. DATE OF DEATH Dec. 3, 1957		Month Day Year
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 Nov. 11, 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baseball Player		10b. KIND OF BUSINESS OR INDUSTRY Pro. Baseball		11. BIRTHPLACE (State or foreign country) Chicago, Ill.	
13. FATHER'S NAME Unavailable			14. MOTHER'S MAIDEN NAME Unavailable		
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. Unknown		17. INFORMANT'S SIGNATURE John W. Ness Address Round Lake, Illinois	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death due to natural causes Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Probable Heart Attack DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4343					INTERVAL BETWEEN ONSET AND DEATH
20a. (Probably) ACCIDENT <input checked="" 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.) Fall in bathroom. Known heart condition, fall probably due to same. Deceased's condition consent Dr. F. Curry			
20c. TIME OF INJURY Hour p. m. 12 - 3 - 57 Month Day, Year N.K.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION DeLand		20g. COUNTY STATE Volusia, Florida	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at About 2 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wallace Smith (Degree or title) Coroner			22b. ADDRESS West, New York-DeLand		22c. DATE SIGNED 12-5-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 12-6-57	23c. NAME OF CEMETERY OR CREMATORY Fairchild Crematory		23d. LOCATION (City, town, or county) (State) Orlando, Florida
24. FUNERAL DIRECTOR'S SIGNATURE Colonial Funeral Home-DeLand			25. DATE RECD. BY LOCAL REG. 12-6-57		26. REGISTRAR'S SIGNATURE Elizabeth A. Dade, Sub.

MEDICAL CERTIFICATION