

STATE OF FLORIDA
OFFICE of VITAL STATISTICS
BIRMINGHAM CO. TITLE

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Oct 13 12 08 PM '95

LOWRY
AUDITOR
GARY M. OLSON

123527

CERTIFICATE OF DEATH
FLORIDA

BOOK 152 PAGE 957

1. DECEASED'S NAME Joseph George Martell		2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) January 18, 1992		4. SOCIAL SECURITY NUMBER 034-05-7851	
5. DATE OF BIRTH (Month, Day, Year) February 3, 1913		6. BIRTHPLACE (City and State or Foreign Country) Mt. Pieler, Vermont	
7. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL ☒ ☐ EDUCATIONAL ☐ DCA ☐ OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)		8. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No	
9. CITY, TOWN, OR LOCATION OF DEATH Roseland		10. INSIDE CITY LIMITS? (Yes or No) No	
11. DECEASED'S USUAL OCCUPATION Owner/Operator		12. SURVIVING SPOUSE (If wife, give maiden name) Wanda M. Giera	
13. KIND OF BUSINESS/INDUSTRY Novelties		14. MARITAL STATUS -- Married, Never Married, Widowed, Divorced (Specify) Married	
15. RESIDENCE -- STATE Florida		16. CITY, TOWN, OR LOCATION Mico	
17. COUNTY Brevard		18. STREET AND NUMBER 9984 Sebastian River Drive	
19. MIDDLE CITY LIMITS? (Yes or No) No		20. ZIP CODE 32976	
21. WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes -- if yes, specify Hispanic, Cuban, Mexican, Puerto Rican, etc.) No		22. RACE -- American Indian, Black, White, etc. White	
23. DECEASED'S EDUCATION (Specify, only highest grade completed) Elementary		24. FATHER'S NAME (First, Middle, Last) Joseph George Martell	
25. MOTHER'S NAME (First, Middle, Maiden Surname) Yvette Morissette		26. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P. O. Box 815, Roseland, Florida 32957	
27. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Part to, A from State ☐ Other (Specify)		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sebastian Cemetery	
29. LOCATION -- City or Town, State Sebastian, Florida		30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
31. LICENSE NUMBER 1672		32. NAME AND ADDRESS OF FACILITY Stunk Funeral Home 1623 North Central Avenue Sebastian, Florida 32958	
33. To the best of my knowledge, death occurred on the date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>		34. On the basis of examination or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>[Signature]</i>	
35. DATE SIGNED (Mo., Day, Yr.) 1/20/92		36. HOUR OF DEATH 11:54 P.M.	
37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ralph B. Geiger, M.D., 13840 US 1, Sebastian, Florida 32958		38. PRONOUNCED DEAD (Mo., Day, Yr.) Jan 21, 1992	
39. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, Type or Print) Ralph B. Geiger, M.D., 13840 US 1, Sebastian, Florida 32958		40. LOCAL REGISTRAR -- SIGNATURE Brenda H. Stoutman	
41. SUBREGISTRAR -- SIGNATURE AND DATE Brenda H. Stoutman, January 20, 1992		42. DATE REGISTERED Jan 21, 1992	
43. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter only the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (the disease, injury, or complication resulting in death) Sepsis shock DUE TO (OR AS A CONSEQUENCE OF): Colonel meningitis, unidentified organism DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):		44. PART II. Other significant conditions contributing to death but not resulting in the death. Enter cause(s) on each line. Cerebral aneurysm	
45. WAS AN AUTOPSY PERFORMED? (Yes or No) No		46. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	
47. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)		48. DATE OF SURGERY (Mo., Day, Year)	
49. IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED		50. DATE OF SURGERY (Mo., Day, Year)	
51. PROBABLE MANNER OF DEATH (Specify: natural, suicide, homicide, or undetermined) Natural		52. DATE OF INJURY (Month, Day, Year)	
53. TIME OF INJURY		54. INJURY AT WORK? (Yes or No)	
55. DESCRIBE HOW INJURY OCCURRED		56. PLACE OF INJURY -- A) home, farm, street, factory, etc. (Specify)	
57. LOCATION (Street and Number or Rural Route Number, City or Town, State)		58. DATE OF SURGERY (Mo., Day, Year)	

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BY *[Signature]*
1/21/92

OLIVER H. BOORDE
State Registrar

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OFFICE of VITAL STATISTICS

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Oct 13 12 08 PM '95

GARY M. OLSON
AUDITOR

GARY M. OLSON

123523

CERTIFICATE OF DEATH
FLORIDA

BOOK 152 PAGE 957

LOCAL FILE NO.		123523	
1. DECEDENT'S NAME		2. SEX	
FIRST MIDDLE LAST		Male	
Joseph George Martell			
3. DATE OF DEATH (Month, Day, Year)		4. SOCIAL SECURITY NUMBER	
January 18, 1992		034-05-7851	
5a. AGE - Last Birthday (Years)		5b. UNDER 1 YEAR	
78		Months Days	
6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)	
February 3, 1913		Mt. Pieler, Vermont	
8a. PLACE OF DEATH (Check only one, see instructions on other side)		8b. INSURE CITY LIMITS? (Yes or No)	
HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ DCA OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)		NO	
9c. FACILITY NAME (If not institution, give street and number)		9d. CITY, TOWN, OR LOCATION OF DEATH	
Humana Hospital-Sebastian		Roseland	
10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY	
Owner/Operator		Novelties	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		12. SURVIVING SPOUSE (If wife, give maiden name)	
Married		Wanda M. Giera	
13a. RESIDENCE - STATE		13b. COUNTY	
Florida		Brevard	
13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER	
Micco		9984 Sebastian River Drive	
14a. INSIDE CITY LIMITS? (Yes or No)		14b. ZIP CODE	
No		32976	
14c. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify: No or Yes - If yes, specify: Mexican, Puerto Rican, etc.)		15. RACE - American Indian, Black, White, etc. Specify	
Specify:		White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed)		17. FATHER'S NAME (First, Middle, Last)	
Elementary Secondary College (1-4 or 5+)		Joseph George Martell	
18. MOTHER'S NAME (First, Middle, Maiden Surname)		19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
Yvette Morissette		P. O. Box 815, Roseland, Florida 32957	
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	
☒ Burial ☐ Cremation ☐ Removal from State		Sebastian Cemetery	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (of Licensee)	
[Signature]		1672	
21c. NAME AND ADDRESS OF FACILITY		21d. DATE SIGNED (Mo., Day, Yr.)	
Sebastian Funeral Home		1/20/92	
1623 North Central Avenue		21e. HOUR OF DEATH	
Sebastian, Florida 32958		11:54 P	
22a. To the best of my knowledge, death occurred on the date, date and place and due to the cause(s) as stated.		22b. DATE SIGNED (Mo., Day, Yr.)	
(Signature and Title) [Signature]		22c. HOUR OF DEATH	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD (Mo., Day, Yr.)	
Ralph B. Geiger, M.D., 13840 US 1, Sebastian, Florida 32958		22f. PRONOUNCED DEAD (Hour)	
23a. SUBREGISTRAR - SIGNATURE AND DATE		23b. LOCAL REGISTRAR - SIGNATURE	
[Signature]		[Signature]	
23c. DATE REGISTERED		23d. DATE REGISTERED	
Jan. 21, 1992		Jan. 21, 1992	
24. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter only the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		25. CASE REPORTED TO MEDICAL EXAMINER (Yes or No)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		No	
a. Septic shock			
b. Cerebral pneumonia, undifferentiated organism			
c. DUE TO (OR AS A CONSEQUENCE OF):			
d. DUE TO (OR AS A CONSEQUENCE OF):			
e. DUE TO (OR AS A CONSEQUENCE OF):			
f. DUE TO (OR AS A CONSEQUENCE OF):			
26. PART II: Other significant condition contributing to death but not resulting in the underlying cause given in Part I		27a. WAS AN AUTOPSY PERFORMED? (Yes or No)	
Cardiomyopathy		No	
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)		28. CASE REPORTED TO MEDICAL EXAMINER (Yes or No)	
No		No	
29. IF FEMALE, WAS SHE PREGNANT IN THE LAST 3 MONTHS? YES OR NO		30a. IF SURGERY IS MENTIONED IN PART I OR II ENTER LOCATION FOR WHICH IT WAS PERFORMED	
No		30b. DATE OF SURGERY (Mo., Day, Yr.)	
31. PROBABLE MANNER OF DEATH (Specify: Natural, accident, suicide, homicide, or undetermined)		32a. DATE OF INJURY (Month, Day, Year)	
Natural		32b. TIME OF INJURY	
32c. INJURY AT WORK? (Yes or No)		32d. DESCRIBE HOW INJURY OCCURRED	
No		M	
33a. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		33b. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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BY:

Joan E. Lewis, CDR
1/21/92OLIVER H. BOORDE
State Registrar

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Indirect
Signed
Noted

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BY ST. ALBANS CO. TITLE

Oct 13 12 06 PM '95

GARY M. OLSON
AUDITOR

123523

CERTIFICATE OF DEATH
FLORIDA

HOPE 152

PAGE 257

LOCAL FILE NO.		DECEASED'S NAME		SEX	
		Joseph George Martell		Male	
1. DATE OF DEATH (Month, Day, Year)		4. SOCIAL SECURITY NUMBER		5. AGE LAST BIRTHDAY	
January 18, 1992		034-05-7651		77	
6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)		8. HAD DECEASED EVER IN U.S. ARMED SERVICES (Yes or No)	
February 3, 1913		Mt. Pieler, Vermont		NO	
9. PLACE OF DEATH (Check only one; also indicate on body only)		10. HAD DECEASED EVER IN U.S. ARMED SERVICES (Yes or No)		11. RACES (City, County, State or Foreign)	
HOSPITAL - ☒ HOME - ☐ OTHER - ☐ Nursing Home - ☐ Residence - ☐ Other (Specify)		12. CITY, TOWN, OR LOCATION OF DEATH		13. COUNTY OF DEATH	
HURONS Hospital-Substition		Rutland		Indian River	
14. DECEASED'S USUAL OCCUPATION		15. KIND OF BUSINESS/INDUSTRY		16. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	
Owner/Operator		Novelty Job		Married	
17. NAME OF SPOUSE (Last, first, middle name)		18. CITY, TOWN, OR LOCATION OF DEATH		19. STREET AND HOUSE NO.	
Wanda M. Martell		Sebastian		9924 Sebastian River Drive	
20. RESIDENCE - STATE		21. COUNTY		22. CITY, TOWN, OR LOCATION	
Florida		Brevard		Sebastian	
23. RESIDE CITY		24. ZIP CODE		25. HAD DECEASED EVER IN U.S. ARMED SERVICES (Yes or No)	
No		32955		NO	
26. HAD DECEASED EVER IN U.S. ARMED SERVICES (Yes or No)		27. HAD DECEASED EVER IN U.S. ARMED SERVICES (Yes or No)		28. HAD DECEASED EVER IN U.S. ARMED SERVICES (Yes or No)	
NO		NO		NO	
29. FATHER'S NAME (Last, first, middle name)		30. MOTHER'S NAME (Last, first, middle name)		31. MARITAL ADDRESS (Street and Number or Post Office Box, City or Town, State, Zip Code)	
Joseph George Martell		Yvette Marinette		P. O. Box 815, Rutland, Florida 32957	
32. NAME OF DECEASED'S SPOUSE		33. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		34. LOCATION - City or Town, State	
Wanda M. Martell		Sebastian Cemetery		Sebastian, Florida	
35. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS BURIAL		36. LICENSE NUMBER (if Licensee)		37. NAME AND ADDRESS OF FUNERAL HOME	
<i>[Signature]</i>		1672		1629 North Central Avenue, Sebastian, Florida 32958	
38. DATE OF DEATH (Month, Day, Year)		39. TIME OF DEATH (Hour, Minute)		40. DATE OF DEATH (Month, Day, Year)	
1/18/92		11:54		1/18/92	
41. NAME OF ATTENDING PHYSICIAN (If other than physician, specify)		42. PHONOUNCED DEAD (Yes, No)		43. PHONOUNCED DEAD (Yes, No)	
Ralph A. Baker, M.D., 15840 US 1, Sebastian, Florida 32958		Yes		Yes	
44. NAME AND ADDRESS OF DEATH'S NEXT OF KIN (If none, specify)		45. LOCAL JURAT - I, _____, do hereby certify that the foregoing is a true and correct copy of the original record on file in this office.		46. DATE DECEASED	
Ralph A. Baker, M.D., 15840 US 1, Sebastian, Florida 32958		I, _____, do hereby certify that the foregoing is a true and correct copy of the original record on file in this office.		Jan 21, 1992	
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Ralph A. Baker, M.D., 15840 US 1, Sebastian, Florida 32958		I, _____, do hereby certify that the foregoing is a true and correct copy of the original record on file in this office.		Jan 21, 1992	
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Ralph A. Baker, M.D., 15840 US 1, Sebastian, Florida 32958		I, _____, do hereby certify that the foregoing is a true and correct copy of the original record on file in this office.		Jan 21, 1992	
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Ralph A. Baker, M.D., 15840 US 1, Sebastian, Florida 32958		I, _____, do hereby certify that the foregoing is a true and correct copy of the original record on file in this office.		Jan 21, 1992	

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