STATE OF FLORIDA

OFFICE of VITAL STATISTICS

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Oct 13 12 08 PM '95
O Lowry
AUDITOR
GARY H. OLSON

123527

CERTIFICATE OF DEATH
FLORIDA

BOOK 152 PAGE 954

DECEDENT

1. REG NO. / DECEDENT'S NAME: First Joseph George Middle Martell Last
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 18, 1992
4. SOCIAL SECURITY NUMBER: 034-05-7851
5a. AGE-Last Birthday (Years): 78
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 Day: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 3, 1913
7. BIRTHPLACE (City and State or Foreign Country): Mt. Pieler, Vermont
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. INSIDE CITY LIMITS? (Yes or No): No
9c. FACILITY NAME (If not institution, give street and number): Humana Hospital-Sebastian
9d. CITY, TOWN, OR LOCATION OF DEATH: Roseland
9e. COUNTY OF DEATH: Indian River

PARENTS

10a. DECEDENT'S USUAL OCCUPATION: Owner/Operator
10b. KIND OF BUSINESS/INDUSTRY: Novelties
11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Wanda M. Giera
13a. RESIDENCE - STATE: Florida
13b. COUNTY: Brevard
13c. CITY, TOWN, OR LOCATION: Micco
13d. STREET AND NUMBER: 9984 Sebastian River Drive
13e. INSIDE CITY LIMITS? (Yes or No): No
13f. ZIP CODE: 32976
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.): [ ] No [ ] Yes — Specify
15. RACE — American Indian, Black, White, etc. Specify: White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+)
17. FATHER'S NAME (First, Middle, Last): Joseph George Martell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Yevette Morisette

DISPOSITION

19a. INFORMANT'S NAME (Type/Print): Wanda M. Martell
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): P. O. Box 815, Roseland, Florida 32957
20a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Sebastian Cemetery
20c. LOCATION — City or Town, State: Sebastian, Florida

CERTIFIER

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (of Licensee): 1672
21c. NAME AND ADDRESS OF FACILITY: Stunk Funeral Home, 1623 North Central Avenue, Sebastian, Florida 32958

To Be Completed by CERTIFYING PHYSICIAN Only

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title): Ralph B. Geiger
22b. DATE SIGNED (Mo., Day, Yr.): 1/20/92
22c. HOUR OF DEATH: 11:54 M

To Be Completed by MEDICAL EXAMINER Only

23a. 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)
23b. DATE SIGNED (Mo., Day, Yr.)
23c. HOUR OF DEATH: M
23d. PRONOUNCED DEAD (Mo., Day, Yr.)
23e. PRONOUNCED DEAD (Hour): M

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Ralph B. Geiger, M.D., 13840 US 1, Sebastian, Florida 32958

25a. SUBREGISTRAR — SIGNATURE AND DATE: Debbie A. Spoon January 20 1992
25b. LOCAL REGISTRAR — SIGNATURE: Brenda H. Troutman, DR
25c. DATE REGISTERED: Jan. 21, 1992

CAUSE OF DEATH BY CERTIFIER

26. PART I. Enter the diseases, 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.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Septic Shock
DUE TO (OR AS A CONSEQUENCE OF): b. Adenocarcinoma, undifferentiated, of pancreas
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Carcinomatosis

27a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)
28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? [ ] YES [ ] NO
30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED
30b. DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Accident, Natural, Suicide, Homicide, Undetermined): Natural
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY: M
32c. INJURY AT WORK? (Yes or No)
32d. DESCRIBE HOW INJURY OCCURRED
32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: [signature] COR 11/21/95

OLIVER H. BOORDE
State Registrar

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CERTIFICATION OF VITAL RECORD

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

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OCT 13 12 08 PM '95
O Lowry
AUDITOR
GARY N. OLSON

123523

CERTIFICATE OF DEATH
FLORIDA

BOOK 152 PAGE 957

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME — FIRST: Joseph — MIDDLE: George — LAST: Martell — 2. SEX: Male

3. DATE OF DEATH (Month, Day, Year): January 18, 1992 — 4. SOCIAL SECURITY NUMBER: 034-05-7851 — 5a. AGE-Last Birthday (years): 78 — 5b. UNDER 1 YEAR: Months / Days — 5c. UNDER 1 Day: Hours / Minutes

6. DATE OF BIRTH (Month, Day, Year): February 3, 1913 — 7. BIRTHPLACE (City and State or Foreign Country): Mt. Pieler, Vermont — 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): NO

9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify) — 9b. INSIDE CITY LIMITS? (Yes or No): NO

9c. FACILITY NAME (If not institution, give street and number): Humana Hospital-Sebastian — 9d. CITY, TOWN, OR LOCATION OF DEATH: Roseland — 9e. COUNTY OF DEATH: Indian River

10a. DECEDENT'S USUAL OCCUPATION: Owner/Operator — 10b. KIND OF BUSINESS/INDUSTRY: Novelties — 11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married — 12. SURVIVING SPOUSE (If wife, give maiden name): Wanda M. Giera

PARENTS

13a. RESIDENCE — STATE: Florida — 13b. COUNTY: Brevard — 13c. CITY, TOWN, OR LOCATION: Micco — 13d. STREET AND NUMBER: 9984 Sebastian River Drive

13e. INSIDE CITY LIMITS? (Yes or No): No — 13f. ZIP CODE: 32976 — 14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes — Specify: — 15. RACE — American Indian, Black, White, etc. Specify: White — 16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9 — College (1-4 or 5+):

17. FATHER'S NAME (First, Middle, Last): Joseph George Martell — 18. MOTHER'S NAME (First, Middle, Maiden Surname): Yvette Morisette

DISPOSITION

19a. INFORMANT'S NAME (Type/Print): Wanda M. Martell — 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): P. O. Box 815, Roseland, Florida 32957

20a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) — 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Sebastian Cemetery — 20c. LOCATION — City or Town, State: Sebastian, Florida

CERTIFIER

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature] — 21b. LICENSE NUMBER (If Licensed): 1672 — 21c. NAME AND ADDRESS OF FACILITY: Stunk Funeral Home, 1623 North Central Avenue, Sebastian, Florida 32958

To be Completed by CERTIFYING PHYSICIAN Only:
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title): [signature] Ralph B. Geiger
22b. DATE SIGNED (Mo., Day, Yr.): 1/20/92 — 22c. HOUR OF DEATH: 11:54 P M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be Completed by MEDICAL EXAMINER:
23a. 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) and manner as stated. (Signature and Title):
23b. DATE SIGNED (Mo., Day, Yr.): — 23c. HOUR OF DEATH: M
23d. PRONOUNCED DEAD (Mo., Day, Yr.): — 23e. PRONOUNCED DEAD (Hour): M

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Ralph B. Geiger, M.D., 13840 US 1, Sebastian, Florida 32958

25a. SUBREGISTRAR — SIGNATURE AND DATE: [signature] January 20 1992 — 25b. LOCAL REGISTRAR — SIGNATURE: Brenda B. Troutman, DR — 25c. DATE REGISTERED: Jan. 21, 1992

CAUSE OF DEATH BY CERTIFIER

26. PART I. Enter the diseases, 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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Septic shock
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
DUE TO (OR AS A CONSEQUENCE OF): b. Colorectal mestasis, unidentified organism
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Coronary Apathy

27a. WAS AN AUTOPSY PERFORMED? (Yes or No): No — 27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) — 28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): NO

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? [ ] YES [ ] NO — 30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED — 30b. DATE OF SURGERY (Mo., Day, Yr.)

31. PROBABLE MANNER OF DEATH (Specify: Natural, Accident, Suicide, Homicide, or Undetermined): Natural

32a. DATE OF INJURY (Month, Day, Year) — 32b. TIME OF INJURY: M — 32c. INJURY AT WORK? (Yes or No) — 32d. DESCRIBE HOW INJURY OCCURRED

32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify) — 32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: [signature] CSR 1/21/92

OLIVER H. BOORDE
State Registrar

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HRS

FORM 1544A (4-89)

CERTIFICATION OF VITAL RECORD

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

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Oct 13 12 06 PM '95

G. Lowry AUDITOR GARY M. OLSON

BOOK 152 PAGE 454

123523

CERTIFICATE OF DEATH FLORIDA

Field	Entry
Decedent's Name (First, Middle, Last)	Joseph George Martell
Sex	Male
Date of Death	January 18, 1992
Social Security Number	034-05-7851
Age	78
Date of Birth	February 3, 1913
Birthplace	Mt. Pieler, Vermont
Was decedent ever in U.S. Armed Forces?	No
Inside City Limits?	No
Facility Name	Humana Hospital-Sebastian
City, Town, or Location of Death	Roseland
County of Death	Indian River
Decedent's Usual Occupation	Owner/Operator
Kind of Business/Industry	Novelties
Marital Status	Married
Surviving Spouse	Wanda M. Giera
Residence — State	Florida
County	Brevard
City, Town, or Location	Micco
Street and Number	9924 Sebastian River Drive
Inside City Limits?	No
Zip Code	329[illegible]
Race	White
Father's Name	Joseph George Martell
Mother's Name	Yevette Morisette
Informant's Name	Wanda M. Martell
Mailing Address	P. O. Box 815, Roseland, Florida 32957
Place of Disposition	Sebastian Cemetery
Location	Sebastian, Florida
License Number	1672
Name and Address of Facility	Strunk Funeral Home, 1623 North Central Avenue, Sebastian, Florida 32958
Date Signed	1/20/92
Hour of Death	11:54 P.M.
Name and Address of Certifier	Ralph H. Geiger, M.D., 13840 US 1, Sebastian, Florida 32958
Registrar	Wanda K. Stoutmann [illegible]
Date Registered	Jan 21 1992

Part I. Immediate cause: Septic Shock

Due to (or as a consequence of): Ablated ... unidentified organism

Part II. Other significant conditions: Coronary artery disease

Was an autopsy performed? No

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