

STATE OF FLORIDA

OFFICE OF VITAL STATISTICS

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FILE NO. 123523
SKAMANIA CO. TITLE

Oct 13 12 08 PM '95

O. Lowry

AUDITOR

GARY H. OLSON

BOOK 152 PAGE 957

123523

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.		1 DECEASED'S NAME Joseph George Martell		2 SEX Male	
3 DATE OF DEATH (Mo., Day, Year) January 18, 1992		4 SOCIAL SECURITY NUMBER [REDACTED]		5a AGE (Mo., Day, Year) 78	
6 DATE OF BIRTH (Mo., Day, Year) February 3, 1913		7 BIRTHPLACE (City and State or Foreign Country) Mt. Pieler, Vermont		8 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No	
9a PLACE OF DEATH (Specify only one, see instructions on other side) HOSPITAL: Humana Hospital-Sebastian		9b WHERE CITY LIMITS? (Yes or No) No		9c COUNTY OF DEATH Indian River	
10a DECEASED'S SOCIAL OCCUPATION Owner/Operator		10b KIND OF BUSINESS/INDUSTRY Novelties		11 MARITAL STATUS - Married Wanda M. Giera	
12a RESIDENCE - STATE Florida		12b COUNTY Brevard		12c CITY, TOWN, OR LOCATION Micco	
13a INSIDE CITY No		13b ZIP CODE 32976		14 WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? Specify (No or Yes - If Yes, specify: Mexican, Puerto Rican, etc.) No	
15a FATHER'S NAME (First, Middle, Last) Joseph George Martell		15b MOTHER'S NAME (First, Middle, Last) Yvette Norisette		16 DECEASED'S EDUCATION (Specify only highest grade completed) College (4-11)	
17a INFORMANT'S NAME (Print) Wanda M. Martell		17b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P. O. Box 815, Roseland, Florida 32957		18 DECEASED'S EDUCATION (Specify only highest grade completed) College (4-11)	
19a METHOD OF DISPOSITION Burial		19b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sebastian Cemetery		19c LOCATION - City or Town, State Sebastian, Florida	
20a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		20b LICENSE NUMBER (of Licensee) 1672		20c NAME AND ADDRESS OF FACILITY St. Ann's Funeral Home 1623 North Central Avenue Sebastian, Florida 32958	
21a On the basis of my knowledge, death occurred on (Date, time, and place) and due to the cause(s) as stated: (Signature and Title) [Signature] 21b DATE SIGNED (Mo., Day, Year) 1/20/92		21c HOUR OF DEATH 11:54 P.M.		22a 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) as stated: (Signature and Title) [Signature] 22b DATE SIGNED (Mo., Day, Year) 1/20/92	
22c NAME OF ATTENDING PHYSICIAN (Type or Print) Ralph B. Geiger, M.D.		22d NAME OF PHYSICIAN (Type or Print) Ralph B. Geiger, M.D.		22e NAME OF PHYSICIAN (Type or Print) Ralph B. Geiger, M.D.	
23a NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner, or other) Ralph B. Geiger, M.D., 13810 US 1, Sebastian, Florida 32958		23b LOCAL REGISTRAR - SIGNATURE [Signature]		23c DATE REGISTERED Jan. 21, 1992	
24 PART I. Enter the cause of death, including conditions which caused the death. Do not enter only the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, as only one cause on each line. (IMMEDIATE CAUSE (Final disease or condition resulting in death) Septic shock DUE TO (OR AS A CONSEQUENCE OF) Septicemia, undifferentiated DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)		25a WAS AN AUTOPSY PERFORMED? (Yes or No) No		25b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) No	
26a IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Yes or No) No		26b IF SURGERY IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED Cardiomyopathy		26c DATE OF SURGERY (Mo., Day, Year)	
27a PROBABLE MANNER OF DEATH (Specify: Natural, accident, suicide, homicide, or undetermined) Murder		27b DATE OF INJURY (Month, Day, Year) 1/12/92		27c TIME OF INJURY M	
27d PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) [REDACTED]		27e INJURY AT WORK? (Yes or No) No		27f DESCRIBE HOW INJURY OCCURRED [REDACTED]	
27g LOCATION (Street and Number or Rural Route Number, City or Town, State) [REDACTED]		27h DATE OF SURGERY (Mo., Day, Year)		27i DATE OF SURGERY (Mo., Day, Year)	

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BY

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

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CERTIFICATION OF VITAL RECORD

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

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FILED FOR RECORD
SKAMANIA CO. TITLE

Oct 13 12 08 PM '95

GARY H. OLSON
AUDITOR

PAGE 957

123523

CERTIFICATE OF DEATH
FLORIDA

BOOK 152

PAGE 957

LOCAL FILE NO

1 DECEDENT'S NAME (First, Middle, Last) Joseph George Martell		2 SEX Male	
3 DATE OF DEATH (Month, Day, Year) January 18, 1992		4 SOCIAL SECURITY NUMBER [REDACTED]	
5 AGE Last Birthday (M, Y, D) 78		6 UNDER 1 YEAR Months: Days: Hours: Minutes:	
7 DATE OF BIRTH (Month, Day, Year) February 3, 1913		8 BIRTHPLACE (City and State or Foreign Country) Mt. Pieler, Vermont	
9 PLACE OF DEATH (Check only one, see instructions on other side) HOSPITAL: [REDACTED] OTHER: Nursing Home: Residence: Other (Specify):		10 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No	
11 FACILITY NAME (If not institution, give street and number) Humana Hospital-Sebastian		12 CITY, TOWN, OR LOCATION OF DEATH Roseland	
13 COUNTY OF DEATH Indian River		14 DECEASED'S USUAL OCCUPATION Owner/Operator	
15 KIND OF BUSINESS/INDUSTRY Novelties		16 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
17 SURVIVING SPOUSE (If a female, give maiden name) Wanda M. Giera		18 RESIDENCE - STATE Florida	
19 COUNTY Brevard		20 CITY, TOWN, OR LOCATION Micco	
21 STREET AND NUMBER 9984 Sebastian River Drive		22 INSIDE CITY LIMITS? (Yes or No) No	
23 ZIP CODE 32976		24 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Puerto Rican, etc.) No	
25 RACE - American Indian, Black, White, etc. (Specify) White		26 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (1-8) College (1-5+)	
27 FATHER'S NAME (First, Middle, Last) Joseph George Martell		28 MOTHER'S NAME (First, Middle, Maiden Surname) Yvette Morissette	
29 INFORMANT'S NAME (Type and Print) Wanda M. Martell		30 MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P. O. Box 815, Roseland, Florida 32957	
31 METHOD OF DISPOSITION Burial, Cremation, Removal from State, Donation, Other (Specify) Burial		32 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sebastian Cemetery	
33 LOCATION - City or Town, State Sebastian, Florida		34 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]	
35 LICENSE NUMBER (of Licensee) 1672		36 NAME AND ADDRESS OF FACILITY Strunk Funeral Home 1623 North Central Avenue Sebastian, Florida 32958	
37 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] 22b DATE SIGNED (Mo., Day, Yr.) 1/20/92		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) [Signature] 23b DATE SIGNED (Mo., Day, Yr.) 1/20/92	
22c HOUR OF DEATH 11:54 P.M.		23c HOUR OF DEATH [Blank]	
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ralph B. Geiger, M.D., 13810 US 1, Sebastian, Florida 32958		23d PRONOUNCED DEAD (Mo., Day, Yr.) [Blank]	
23e PRONOUNCED DEAD (Hour) [Blank]		24 NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner, or other type of Print) Ralph B. Geiger, M.D., 13810 US 1, Sebastian, Florida 32958	
25 SUBREGISTRAR - SIGNATURE AND DATE [Signature] January 20, 1992		26 LOCAL REGISTRAR - SIGNATURE Brenda D. Troutman, [Signature]	
27 DATE REGISTERED Jan. 21, 1992		28 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 (Final disease or condition resulting in death) Septic shock DUE TO (OR AS A CONSEQUENCE OF) Cholelithiasis, undetected gallstones DUE TO (OR AS A CONSEQUENCE OF) [Blank] DUE TO (OR AS A CONSEQUENCE OF) [Blank]	
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Cardiomyopathy		29 WAS AN AUTOPSY PERFORMED? (Yes or No) No	
30 WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) No		31 CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) No	
32 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Yes or No) No		33 IF SURGERY IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED [Blank]	
34 DATE OF SURGERY (Mo., Day, Year) [Blank]		35 PROBABLE MANNER OF DEATH (Specify: Natural, accident, suicide, homicide, or undetermined) Natural	
36 DATE OF INJURY (Month, Day, Year) [Blank]		37 TIME OF INJURY [Blank]	
38 INJURY AT WORK? (Yes or No) No		39 DESCRIBE HOW INJURY OCCURRED [Blank]	
36 PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) [Blank]		37 LOCATION (Street and Number or Rural Route Number, City or Town, State) [Blank]	

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BY

Joan C. Lewis, CDR
1/21/92OLIVER H. BOORDE
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CERTIFICATE OF DEATH
FLORIDA

BOOK 152 PAGE 957

LOCAL FILE NO.		123523	
1 DECEASED'S NAME		Joseph George Martell	
2 DATE OF DEATH (Month, Day, Year)		January 18, 1992	
3 DATE OF BIRTH (Month, Day, Year)		February 3, 1913	
4 SOCIAL SECURITY NUMBER		[REDACTED]	
5a AGE - Last Birthday (Years)		78	
5b UNDER 1 YEAR		Months	
5c UNDER 1 DAY		Hours	
6 PLACE OF DEATH (Check only one; see instructions on other side)		7 BIRTHPLACE (City and State or Foreign Country)	
HOSPITAL ☐ HOME ☐ EMBRYONIC ☐ DCA ☐ OTHER ☐ (Nursing Home, Residence, Other (Specify))		Mt. Pieler, Vermont	
8a PLACE OF DEATH (Check only one; see instructions on other side)		8b PLACE CITY LIMITS (City or State)	
HUMAN Hospital-Sebastian		No	
9a CITY, TOWN, OR LOCATION OF DEATH		9b COUNTY OF DEATH	
Roseland		Indian River	
10a DECEASED'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 CITY, TOWN, OR LOCATION	
Florida		Nicco	
13c STREET AND NUMBER		13d CITY, TOWN, OR LOCATION	
9984 Sebastian River Drive		Sebastian, Florida	
14a ZIP CODE		14b ZIP CODE	
No		32978	
15a DECEASED'S RACE OR NATURAL ORIGIN (Specify No or Yes - If yes, specify Nation, Color, Ethnicity, Puerto Rican, etc.)		15b RACE - American Indian, Black, White, etc.	
Specify		White	
16 DECEASED'S SEX (Male or Female)		17 DECEASED'S BIRTHPLACE (City and State or Foreign Country)	
Male		Vermont	
18 DECEASED'S MOTHER'S NAME (First, Middle, Last)		19 DECEASED'S FATHER'S NAME (First, Middle, Last)	
Joseph George Martell		Yvette Horisette	
20a DECEASED'S HOME PHONE NUMBER		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
Wanda M. Martell		P. O. Box 815, Roseland, Florida 32957	
21a METHOD OF DISPOSITION		21b PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place)	
Burial		Sebastian Cemetery	
21c LOCATION - City or Town, State		21d LOCATION - City or Town, State	
Sebastian, Florida		Sebastian, Florida	
22a NAME AND ADDRESS OF FUNERAL HOME		22b NAME AND ADDRESS OF FUNERAL HOME	
St. Luke's Funeral Home		1623 North Central Avenue, Sebastian, Florida 32958	
23a DATE OF DEATH		23b DATE OF DEATH	
11:54 P		11:54 P	
24a NAME OF INTERVIEWING PHYSICIAN (Type of Name)		24b NAME OF INTERVIEWING PHYSICIAN (Type of Name)	
Ralph H. Gier, M.D., 1380 US 1, Sebastian, Florida 32958		Ralph H. Gier, M.D., 1380 US 1, Sebastian, Florida 32958	
25a LOCAL REGISTRAR SIGNATURE		25b LOCAL REGISTRAR SIGNATURE	
[Signature]		[Signature]	
26a CAUSE OF DEATH (Specify Cause of Death)		26b CAUSE OF DEATH (Specify Cause of Death)	
Septic shock		Septic shock	
27a DUE TO OR AS A CONSEQUENCE OF		27b DUE TO OR AS A CONSEQUENCE OF	
[Signature]		[Signature]	
28a DUE TO OR AS A CONSEQUENCE OF		28b DUE TO OR AS A CONSEQUENCE OF	
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BY

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

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