STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

123523

CERTIFICATE OF DEATH FLORIDA

BOOK 152 PAGE 954

LOCAL FILE NO.

Field	Entry
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]
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 US Armed Forces? (Yes or No)	No
9a. Place of Death	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
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); 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
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
21a. Signature of Funeral Service Licensee or Person Acting as Such	[signature]
21b. License Number (of Licensee)	1672
21c. Name and Address of Facility	Strunk Funeral Home, 1623 North Central Avenue, Sebastian, Florida 32958
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 [signature]
22b. Date Signed (Mo., Day, Yr.)	1/20/92
22c. Hour of Death	11:54 P.
22d. Name of Attending Physician if Other Than Certifier (Type or Print)	
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	Dellie A. Spoor January 20 1992
25b. Local Registrar — Signature	Brenda G. Troutman, DR
25c. Date Registered	Jan. 21, 1992

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.

	Cause	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.	bilateral pneumonia, unidentified organism	
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 events resulting in death) LAST.

Field	Entry
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	cardiomyopathy
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, Year)	
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)	

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BY John C. Lewis, CDR 1/21/92

OLIVER H. BOORDE
State Registrar

HRS FORM 512

HRS

CERTIFICATION OF VITAL RECORD

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

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BY SKAMANIA CO. TITLE

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

123523

LOCAL FILE NO

CERTIFICATE OF DEATH FLORIDA

BOOK 152 PAGE 957

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]
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
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) / 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
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
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (of Licensee): 1672
21c. NAME AND ADDRESS OF FACILITY: Strunk 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 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 G. Troutman, DR
25c. DATE REGISTERED: Jan. 21, 1992

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):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. b. Bilateral pneumonia, 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: Cardiomyopathy
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, Year)
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)

Form 512, Replaces edition

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BY Joan C. Lewis, CDR 1/21/92

OLIVER H. BOORDE
State Registrar

Indexed, Dir ✓
Indirect ✓

GREAT SEAL OF THE STATE OF FLORIDA — IN GOD WE TRUST

WARNING:

HRS

HRS FORM

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CERTIFICATE OF DEATH
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LOCAL FILE NO.

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2. SEX: Male
3. DATE OF DEATH: January 18, 1992
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (years): 78
6. DATE OF BIRTH: February 3, 1913
7. BIRTHPLACE (City and State or Foreign Country): Mt. Pieler, Vermont
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9a. PLACE OF DEATH: HOSPITAL ☒ Inpatient
9b. INSIDE CITY LIMITS? No
9c. FACILITY NAME: 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
12. SURVIVING SPOUSE: 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: No
13f. ZIP CODE: 32976
15. RACE: White
17. FATHER'S NAME: Joseph George Martell
18. MOTHER'S NAME: Yevette Morisette
19a. INFORMANT'S NAME: Wanda M. Martell
19b. MAILING ADDRESS: P. O. Box 815, Roseland, Florida 32957
20b. PLACE OF DISPOSITION: Sebastian Cemetery
20c. LOCATION: Sebastian, Florida
21a. FUNERAL SERVICE LICENSEE: [signature]
21b. LICENSE NUMBER: 1292
21c. NAME AND ADDRESS OF FACILITY: Strunk Funeral Home, 1623 North Central Avenue, Sebastian, Florida 32958
22b. DATE SIGNED: 1/20/92
22c. HOUR OF DEATH: 11:54 P.M.
23. NAME AND ADDRESS OF CERTIFIER: Ralph E. Geiger, M.D., 13840 US 1, Sebastian, Florida 32958
24. SUBSCRIBED AND DATE: January 20 1992
25a. LOCAL REGISTRAR — SIGNATURE: Brenda G. [signature]
25b. DATE RECEIVED: Jan 21 1992

26. PART I. IMMEDIATE CAUSE: Septic Shock
DUE TO (OR AS A CONSEQUENCE OF): bilateral pneumonia, unidentified organism
DUE TO (OR AS A CONSEQUENCE OF):
DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: cardiomyopathy
27a. WAS AN AUTOPSY PERFORMED? No
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?
28. CASE REFERRED TO MEDICAL EXAMINER? No
29. IF FEMALE, WAS THERE A PREGNANCY IN 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
31. PROBABLE MANNER OF DEATH: Natural
32a. DATE OF INJURY
32b. TIME OF INJURY
32c. INJURY AT WORK?
32d. DESCRIBE HOW INJURY OCCURRED
32e. PLACE OF INJURY
32f. LOCATION

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BY: Joan C. Lewis, CDR 1/21/92

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