

**CERTIFICATE OF DEATH**  
**FLORIDA**

81-143-A

01945

LOCAL FILE NO. <b>01945</b>		STATE FILE NO.	
DECEDENT—NAME 1. <b>Mary D. Sage</b>		DATE OF DEATH (Mo., Day, Yr.) <b>April 15, 1980</b>	
SEX <b>Female</b>		COUNTY OF DEATH <b>Hillsborough</b>	
2. RACE—White	3. AGE—76	4. DATE OF BIRTH (Mo., Day, Yr.) <b>July 1, 1903</b>	5. HOSPITAL OR OTHER INSTITUTION— <b>University Park Convalescent Center</b>
6. CITY, TOWN OR LOCATION OF DEATH <b>Tampa</b>	7. MARRIAGE STATUS <b>Widowed</b>		8. IF HOLD. OR INST. (Specify)
9. STATE OF BIRTH <b>Tennessee</b>	10. U.S.A.	11. SURVIVING SPOUSE	9. <b>Inpatient</b>
12. SOCIAL SECURITY NUMBER <b>263-01-1879</b>	13. USUAL OCCUPATION <b>Housewife</b>		14. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>
15. RESIDENCE—STATE <b>Fla.</b>	16. COUNTY <b>Hillsborough</b>	17. CITY, TOWN OR LOCATION <b>Tampa</b>	18. STREET AND NUMBER <b>1704 W. Patterson</b>
19. FATHER—NAME <b>Thomas Dean</b>	20. MOTHER—MAIDEN NAME <b>Sally Betty Kirkpatrick</b>		21. INSIDE CITY LIMITS <b>Yes</b>
22. INFORMANT—NAME <b>Betty Jo Paz</b>	23. MAILING ADDRESS <b>10416 Otis Tampa Fla.</b>		
24. BURIAL, CREMATION, ETC. <b>Burial</b>	25. CEMETERY OR CREMATORY—NAME <b>Myrtle Hill Cemetery</b>		26. LOCATION <b>Tampa, Fla.</b>
27. FUNERAL DIRECTOR <b>Koch, P. Hamilton</b>	28. FUNERAL HOME ADDRESS <b>Snipes-Hamilton Funeral Home 6718 N. Armenia Ave. Tampa Fla.</b>		
29. SIGNATURE AND TIME OF DEATH <b>4-17-80 7:46 P.M.</b>		30. SIGNATURE AND TIME OF DEATH <b>APR 17 1980</b>	
31. NAME OF ATTENDING PHYSICIAN <b>SATURNINA CHANG, M.D.</b>		32. PRONOUNCED DEAD (How) <b>SEVERAL DAYS</b>	
33. NAME AND ADDRESS OF CERTIFIER <b>Deborah Vasculin Accident - Right</b>			
34. IMMEDIATE CAUSE <b>Acute Coronary Artery Arrest</b>		35. DATE RECEIVED BY REGISTRAR <b>April 17, 1980</b>	
36. DUE TO, OR AS A CONSEQUENCE OF <b>Underlying Chronic Heart Disease</b>		37. INTERVAL BETWEEN ONSET AND DEATH <b>SEVERAL DAYS</b>	
38. DUE TO, OR AS A CONSEQUENCE OF <b>Myocardial Infarction</b>		39. INTERVAL BETWEEN ONSET AND DEATH <b>SEVERAL DAYS</b>	
40. PART OTHER SIGNIFICANT CONDITIONS <b>Cerebral Vasculin Accident - Right</b>		41. AUTOPSY (Specify Yes or No) <b>No</b>	
42. PROBABLE ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED		43. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) <b>No</b>	
44. INJURY AT WORK	45. PLACE OF INJURY	46. HOUR OF INJURY	47. DESCRIBE HOW INJURY OCCURRED
48. INJURY AT WORK (Specify Yes or No)	49. PLACE OF INJURY	50. HOUR OF INJURY	51. DESCRIBE HOW INJURY OCCURRED

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE LOCAL REGISTRAR'S RECORD ON FILE IN THE HILLSBOROUGH COUNTY HEALTH DEPARTMENT AT TAMPA, FLORIDA.

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APR 18 1980  
DATE

*Helen A. Moore, M.D.*  
 Helen A. Moore, M.D., M.P.H., Acting Director,  
 County Health Officer & Local Registrar

(NOT VALID UNLESS RAISED SEAL OF THE HILLSBOROUGH COUNTY HEALTH DEPARTMENT IS AFFIXED)

*Theresa M. Luppens*  
 Theresa M. Luppens, Chief Deputy Registrar

HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
 APR 18 1980