

OFFICE of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2015029421

DATE ISSUED: March 3, 2015

DECEDENT INFORMATION

STATE FILE DATE: February 27, 2015

NAME: ALFREDIA STURRUP

DATE OF DEATH: February 20, 2015

SEX: FEMALE SSN: 999-99-9999

AGE: 060 YEARS

DATE OF BIRTH: September 8, 1954

BIRTHPLACE: FORT PIERCE, FLORIDA, UNITED STATES

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: WELLINGTON REGIONAL MEDICAL CTR

LOCATION OF DEATH: WELLINGTON, PALM BEACH COUNTY, 33414

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: DIVORCED

SPOUSE (IF FEMALE, MAIDEN NAME): NONE

RESIDENCE: 123 LAKE BARBARA DRIVE, ROYAL PALM BEACH, FLORIDA 33411, UNITED STATES

COUNTY: PALM BEACH

OCCUPATION, INDUSTRY: TEACHER, PALM BEACH COUNTY SCHOOL

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian Japanese Korean American Indian or Alaskan Native-Tribe: Vietnamese Other Asian: Guamanian or Chamorro Samoan Other Pacific Isl: Other: Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: CECIL STURRUP

MOTHER: GEORGIA BROWN

INFORMANT: JOHNNY BROWN

RELATIONSHIP TO DECEDENT: UNCLE

INFORMANT'S ADDRESS: 2003 AVE Q, FORT PIERCE, FLORIDA 34950, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: EDGLEY CREMATION SERVICE
WEST PALM BEACH, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: TIMOTHY E. KITCHENS, F043499

FUNERAL FACILITY: TIMOTHY E KITCHENS FUNERAL HOME INC F059562
2703 BROADWAY AVE, RIVIERA BEACH, FLORIDA 33404

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1346

CERTIFIER'S NAME: GLENROY PATRICK WONG

CERTIFIER'S LICENSE NUMBER: ME47449

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a ACUTE CARDIOPULMONARY FAILURE

b METASTATIC NON HODGKINS LYMPHOMA

c

d

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

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

IF FEMALE, NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

Ken Jones

, State Registrar

REQ: 2015721961

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

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DH FORM 1947 (11/11)

CERTIFICATION OF VITAL RECORD

