STATE OF FLORIDA

DEPARTMENT OF
Health & Rehabilitative Services
DISTRICT ELEVEN

for

DADE COUNTY DEPARTMENT OF PUBLIC HEALTH
1350 N. W. 14TH ST.
MIAMI, FLORIDA 33125

I HEREBY CERTIFY THIS TO BE A TRUE COPY OF THE LOCAL REGISTRAR'S RECORD OF DEATH.

SEAL

WARNING
Not valid unless the raised seal of the Bureau of Vital Statistics is affixed.

Beatrice Blanchette
DEPUTY REGISTRAR
VITAL RECORDS UNIT

State of Florida
Department of Health and Rehabilitative Services
VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO.
LOCAL FILE NO. 00115

TYPE OR PRINT IN PERMANENT BLACK INK

2316

DECEDENT

1. DECEDENT—NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Mo., Day, Yr.)
FRANK	J.	ALLISS	MALE	JAN 5 1980

4. RACE—e.g., White, Black, Am. Indian, etc.) (Specify)	5a. AGE—Last Birthday (Yrs.)	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MINS.	DATE OF BIRTH (Mo., Day, Yr.)	7a. COUNTY OF DEATH
White	59			Aug. 17, 1920	DADE

7b. CITY, TOWN OR LOCATION OF DEATH	7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)	7d. IF HOSP. OR INST. (Indicate DOA, OP/Emer. Rm., Inpatient (Specify)
MIAMI	VETERANS ADMINISTRATION MEDICAL CENTER	INPATIENT

8. STATE OF BIRTH (If not in U.S.A., name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)
New Jersey	U.S.A.	Married	Rosemary Cullum

USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	13b. KIND OF BUSINESS OR INDUSTRY
170-05-5682	Baker	Pastry Shop

14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN OR LOCATION	14d. STREET AND NUMBER	14e. INSIDE CITY LIMITS (Specify Yes or No)
Florida	Dade	Miami (Rural)	18631 N.W. 12th Ave.	NO

PARENTS

15. FATHER—NAME First	Middle	Last	16. MOTHER—MAIDEN NAME First	Middle	Last
Charles Alliss			Caroline		Tenney

17a. INFORMANT—NAME (Type or Print)	17b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
Rosemary Alliss	18631 N.W. 12th Ave., Miami, Fla.

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	18b. CEMETERY OR CREMATORY—NAME	18c. LOCATION City or Town	State
Burial	Vista Memorial Gardens	Miami,	Fla.

19a. FUNERAL DIRECTOR—(Signature)	19b. FUNERAL HOME
Bennett	Bennett & Ulm - 15201 N.W. 7th Ave., Miami, Fla. 33169

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN Only

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title) F. Camuzzi MD

20b. DATE SIGNED (Mo., Day, Yr.)	20c. HOUR OF DEATH
JAN 6 1980	7:50PM M

20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

To Be Completed by MEDICAL EXAMINER

21a. 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) stated.
(Signature and Title)

21b. DATE SIGNED (Mo., Day, Yr.)	21c. HOUR OF DEATH
	M
21d. PRONOUNCED DEAD (Mo., Day, Yr.) ON	21e. PRONOUNCED DEAD (Hour) AT M

22. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print)
F. CAMUZZI, M.D. 1201 N.W. 16th ST MIAMI, FLORIDA 33125

REGISTRAR

23a. (Signature)		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
Bennett	Sub-Registrar	Jan. 7, 1980

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I		Interval between onset and death
(a)	HYPOVOLEMIC SHOCK	
	DUE TO, OR AS A CONSEQUENCE OF:	
(b)	UPPER GASTROINTESTINAL BLEED FROM DUODENAL ULCER	Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:	
(c)		Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	25. AUTOPSY (Specify yes or no)	26. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)
ISCHEMIC BOWEL	YES	No

27a. (Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify)	27b. DATE OF INJURY (Mo., Day, Yr.)	27c. HOUR OF INJURY M	27d. DESCRIBE HOW INJURY OCCURRED

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION Street or R.F.D. No.	City or Town	State

HRS Form 512, Jan. 1979 (Replaces OPCVS