

FL

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

FL

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2016168804

DATE ISSUED: November 14, 2016

DECEDENT INFORMATION

STATE FILE DATE: November 14, 2016

NAME: RAYMOND ANTHONY KASSIS

DATE OF DEATH: November 9, 2016

SEX: MALE

SSN: 265-78-5650

AGE: 069 YEARS

DATE OF BIRTH: December 6, 1946

BIRTHPLACE: MIAMI, FLORIDA, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 78 COUNTRY CLUB ROAD

LOCATION OF DEATH: COCOA BEACH, BREVARD COUNTY, 32931

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: KIMBERLY HOLMAN

RESIDENCE: 78 COUNTRY CLUB ROAD, COCOA BEACH, FLORIDA 32931, UNITED STATES COUNTY: BREVARD

OCCUPATION, INDUSTRY: BROADCASTER, RADIO

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

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

EDUCATION: ASSOCIATE DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: ANTHONY KASSIS

MOTHER/PARENT: SARAH AZRAK

INFORMANT: KIMBERLY KASSIS

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 78 COUNTRY CLUB ROAD, COCOA BEACH, FLORIDA 32931, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: FLORIDA MEMORIAL GARDENS

ROCKLEDGE, FLORIDA

METHOD OF DISPOSITION: BURIAL

FUNERAL DIRECTOR/LICENSE NUMBER: BRUCE D. BUGGS, F043104

FUNERAL FACILITY: BUGGS FUNERAL HOME INC F040639

2701 SOUTH HARBOR CITY BLVD, MELBOURNE, FLORIDA 32901

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1030

DATE CERTIFIED: November 11, 2016

CERTIFIER'S NAME: HANY IBRAHIM GIRGIS

CERTIFIER'S LICENSE NUMBER: ME63928

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 SUDDEN CARDIAC DEATH

SECONDS

b VENTRICULAR FIBRILLATION

SECONDS

c CORONARY ARTERY DISEASE

YEARS

d

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

END STAGE RENAL DISEASE

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NOT STATED

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

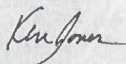
LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:



, State Registrar

REQ: 2017565353

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

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED