

OFFICE of VITAL STATISTICS
CERTIFIED COPYTYPED
FORWARD
BACKING

LOCAL FILE NO.

FLORIDA CERTIFICATE OF DEATH

1. DECEASED'S NAME (Print, Abbreviate, Last, Middle) **Robert Ogden King Sr.** 2. SEX **Male**

3. DATE OF BIRTH (Month, Day, Year) **July 28, 1932** 4a. AGE - Last Birthday (Years) **79** 4b. BIRTH PLACE (City and State or Foreign Country) **New Rochelle, New York** 5. DATE OF DEATH (Month, Day, Year) **December 03, 2011**

6. SOCIAL SECURITY NUMBER **045-30-3390** 7. BIRTH PLACE (City and State or Foreign Country) **New Rochelle, New York** 8. COUNTY OF DEATH **Citrus**

9. PLACE OF DEATH (Check only one) ☒ HOME ☐ HOSPITAL ☐ NURSING HOME ☐ Other (Specify) **Citrus**

10. FACILITY NAME (If not hospital, give street address) **11482 W. Bayshore Drive** 11a. CITY, TOWN, OR LOCATION OF DEATH **Crystal River** 11b. INSIDE CITY LIMITS ☒ Yes ☐ No

12. MARITAL STATUS (Specify) ☒ Married ☐ Married, but Separated ☐ Widowed ☐ Divorced ☐ Never Married

13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) **Julia Hill** 14. CITY, TOWN, OR LOCATION **Crystal River** 14a. APT. NO. **34429** 14b. INSIDE CITY LIMITS ☒ Yes ☐ No

15. DECEASED'S USUAL OCCUPATION (Indicate type of work done during most of working life.) **Owner Operator** 16. RADIO BROADCASTING STATION **Radio Broadcasting Station**

17. DECEASED'S RACE (Specify the race to indicate what deceased considered himself to be. More than one race may be specified) ☒ White ☐ Black or African American ☐ American Indian or Alaskan Native (Specify tribe) ☐ Chinese ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (Specify) ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Is. (Specify) ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Central/South American ☐ Other (Specify)

18. DECEASED'S EDUCATION (Specify the deceased's highest degree or level of school completed at time of death.) ☐ No or less ☐ High school but no diploma ☐ High school diploma or GED ☐ College but no degree ☐ College degree (Specify) ☐ Associate ☒ Bachelor's ☐ Master's ☐ Doctorate ☐ Yes ☒ No

19. FATHER'S NAME (Print, Abbreviate, Last, Middle) **Fletcher King** 20. MOTHER'S NAME (Print, Abbreviate, Maiden Name) **Julia Hill**

21. INFORMANT'S NAME **Rebecca B. Johnson** 22. RELATIONSHIP TO DECEASED **Cousin** 23. INFORMANT'S MAILING - STATE **Florida**

24. CITY OR TOWN **Crystal River** 25. STREET ADDRESS **11482 W. Bayshore Drive** 26. ZIP CODE **34429**

27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Strickland Funeral Home Crematory** 28a. LOCATION - STATE **Florida** 28b. LOCATION - CITY OR TOWN **Crystal River**

29. METHOD OF DISPOSITION ☒ Burial ☐ Entombment ☐ Cremation ☐ Donation ☐ Burial at Sea ☐ Other (Specify) **Strickland Funeral Home**

30. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVED? ☒ Yes ☐ No 31. LICENSE NUMBER (if cremation) **FO44285** 32. SIGNATURE OF FUNERAL HOME LICENSEE OR PERSON ACTING AS SUCH **[Signature]**

33. NAME OF FUNERAL FACILITY **Strickland Funeral Home** 34. CITY OR TOWN **Crystal River** 35. STREET ADDRESS **1901 S. Hwy 19** 36. ZIP CODE **34429**

37. CERTIFICATE ☒ Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) ☐ Medical Examiner - On the basis of examination, either investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated. ☐ Other (Specify)

38. DATE SIGNED (month/day/year) **12/05/2011** 39. TIME OF DEATH (24 hr) **0715** 40. MEDICAL EXAMINER'S CASE NUMBER **ME058888**

41. NAME OF ATTENDING PHYSICIAN (if other than Certifier) **Joseph Bennett, M.D.** 42. CITY OR TOWN **Lecanto** 43. STREET ADDRESS **522 N. Lecanto Hwy** 44. ZIP CODE **34461**

45. SUBSCRIBER - Signature and Date **[Signature]** 46. DATE FILED BY REGISTRAR (Month, Day, Year) **DEC 06 2011**

47. PROBABLE CAUSE OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined

48. CAUSE OF DEATH - PART I (See instructions on back) **Esophageal Cancer** 49. APPROXIMATE INTERVAL **16 months**

50. CAUSE OF DEATH - PART II (See instructions on back) **Esophageal Cancer**

51. IF SURGICALLY MONITORED IN PART I OR II, ENTER REASON FOR SURGERY ☐ Yes ☐ No 52. DATE OF SURGERY (Month, Day, Year) **12/05/2011** 53. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ No ☐ Probably ☐ Unknown

54. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? ☐ Yes ☐ No ☐ Unknown ☐ If Yes, specify trimester **at time of death**

55. DATE OF INJURY (Month, Day, Year) **12/05/2011** 56. TIME OF INJURY (24 hr) **0715** 57. INJURY AT WORK? ☐ Yes ☒ No ☐ Location of Injury - STATE **Florida**

58. CITY OR TOWN **Crystal River** 59. STREET ADDRESS **11482 W. Bayshore Drive** 60. APT. NO. **34429** 61. ZIP CODE **34429**

62. DESCRIBE HOW INJURY OCCURRED **Esophageal Cancer**

63. IF TRANSPORTATION INJURY, 64a. Status of Deceased ☒ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) **Driver/Operator**

64b. Type of Vehicle **Car** 65. TYPE OF VEHICLE **Car** 66. TYPE OF VEHICLE **Car** 67. TYPE OF VEHICLE **Car** 68. TYPE OF VEHICLE **Car** 69. TYPE OF VEHICLE **Car** 70. TYPE OF VEHICLE **Car** 71. TYPE OF VEHICLE **Car** 72. TYPE OF VEHICLE **Car** 73. TYPE OF VEHICLE **Car** 74. TYPE OF VEHICLE **Car** 75. TYPE OF VEHICLE **Car** 76. TYPE OF VEHICLE **Car** 77. TYPE OF VEHICLE **Car** 78. TYPE OF VEHICLE **Car** 79. TYPE OF VEHICLE **Car** 80. TYPE OF VEHICLE **Car** 81. TYPE OF VEHICLE **Car** 82. TYPE OF VEHICLE **Car** 83. TYPE OF VEHICLE **Car** 84. TYPE OF VEHICLE **Car** 85. TYPE OF VEHICLE **Car** 86. TYPE OF VEHICLE **Car** 87. TYPE OF VEHICLE **Car** 88. TYPE OF VEHICLE **Car** 89. TYPE OF VEHICLE **Car** 90. TYPE OF VEHICLE **Car** 91. TYPE OF VEHICLE **Car** 92. TYPE OF VEHICLE **Car** 93. TYPE OF VEHICLE **Car** 94. TYPE OF VEHICLE **Car** 95. TYPE OF VEHICLE **Car** 96. TYPE OF VEHICLE **Car** 97. TYPE OF VEHICLE **Car** 98. TYPE OF VEHICLE **Car** 99. TYPE OF VEHICLE **Car** 100. TYPE OF VEHICLE **Car**

WARNING:

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DH FORM 1947 (08/04)

CERTIFICATION OF VITAL RECORD

DEC 06 2011

HEALTH

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