

CERTIFICATE OF DEATH  
FLORIDA

STATE FILE NO. **2937**

**8137**

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY <b>ORANGE</b>		CODE NO. <b>58-11</b>	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE <b>FLORIDA</b>		b. COUNTY <b>ORANGE</b>
b. CITY, TOWN, OR LOCATION <b>ORLANDO</b>		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION <b>ORLANDO</b>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <b>ORANGE MEM. HOSP.</b>		e. LENGTH OF STAY IN 1b <b>DOA</b>	d. STREET ADDRESS <b>3630 AMIGO AVENUE 58-XY</b>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/> ON A FARM? <b>X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>JOHN GANZEL</b>			4. DATE OF DEATH Month <b>JAN.</b> Day <b>14,</b> Year <b>1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 7, 1974</b>	9. AGE (In years last birthday) <b>84</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PROF. PALL PLAYER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BASEBALL</b>	11. BIRTHPLACE (State or foreign country) <b>KALAMAZOO, MICHIGAN</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>CHARLES GANZEL</b>			14. MOTHER'S MAIDEN NAME <b>ELIZABETH LANSMAN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>267-10-0174</b>	17. INFORMANT'S SIGNATURE <i>[Signature]</i> Address <i>[Address]</i>		

THIS SECTION CONTAINS  
CONFIDENTIAL MEDICAL CERTIFICATION

WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21. I attended the deceased from <b>12:58</b> to <b>1:57</b> and last saw her alive on <b>JUN 14 1959</b> Death occurred at <b>12:30 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <i>[Address]</i>	
22c. DATE SIGNED <b>1-16-59</b>			
23a. BURIAL, CREMATION, REMOVAL, OR INTERMENT <b>CREMATION</b>	23b. DATE <b>1/25/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CAREY HAND CREMATORY</b>	23d. LOCATION (City, town, or county) (State) <b>ORLANDO, FLORIDA</b>
24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS <b>CAREY HAND FUNERAL HOME, ORLANDO, FLA.</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 16 1959</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>