

39-99-004776

CERTIFICATE OF DEATH
FLORIDA

9 9 0 8 2 0 9 4

LOCAL FILE NO.

1 DECEDENT'S NAME	FIRST Berthold			MIDDLE John		LAST Haas		2 SEX Male		
3 DATE OF DEATH (Month, Day, Year) June 23, 1999			4 SOCIAL SECURITY NUMBER 483-10-0474		5a AGE-Last Birthday (years) 85		5b UNDER 1 YEAR Months Days		5c UNDER 1 Day Hours Minutes	
6 DATE OF BIRTH (Month, Day, Year) February 8, 1914			7 BIRTHPLACE (City and State or Foreign Country) Naperville, Illinois				8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes			
9a PLACE OF DEATH (Check only one see instructions on other side) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)						9b INSIDE CITY LIMITS? (Yes or No) No				
9c FACILITY NAME (if not institution, give street and number) Palm Gardens of Tampa					9d CITY, TOWN, OR LOCATION OF DEATH Tampa			9e COUNTY OF DEATH Hillsborough		
10a DECEDENT'S USUAL OCCUPATION Professional Baseball Player		10b KIND OF BUSINESS/INDUSTRY Sports		11 MARITAL STATUS - Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced (Specify)		12 SURVIVING SPOUSE (if wife, give maiden name)				
13a RESIDENCE - STATE Florida		13b COUNTY Hillsborough		13c CITY, TOWN, OR LOCATION Tampa		13d STREET AND NUMBER 4604 Kensington Ave.				
13e INSIDE CITY LIMITS? Yes or No Yes	13f ZIP CODE 33629		14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify race: Cuban, Mexican, Puerto Rican, etc.) Specify <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			15 RACE - American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input checked="" type="checkbox"/> Spec'y		16 DECEDENT'S EDUCATION Specify only highest grade completed Elementary School <input type="checkbox"/> High School <input checked="" type="checkbox"/> College <input type="checkbox"/>		
17 FATHER'S NAME (First, Middle, Last) John Haas					18 MOTHER'S NAME (First, Middle, Maiden Surname) Doris Duke					
19a INFORMANT'S NAME (Type, Print) Raymond Haas				19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5541 Griffith Branch Rd., Madisonville, TN 37115						
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Directors Service			21c LOCATION - City, Town, State St. Petersburg, FL				
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 			21b LICENSE NUMBER of Licensee 2503		21c NAME AND ADDRESS OF FACILITY Mark III Funeral Home 3328 S. Dale Mabry Hwy., Tampa, FL 33629					
22a To the best of my knowledge, death occurred at the time, date and place and due to the causes, as stated (Signature and Title) 22b DATE SIGNED (Mo., Day, Yr.) 7/1/99			22c HOUR OF DEATH 3:55 PM			23a On the basis of examination and/or investigation, the opinion or death occurred at the time, date and place and due to the causes, and manner as stated (Signature and Title) 		23b DATE SIGNED (Mo., Day, Yr.)		23c HOUR OF DEATH
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Dr. John Stauffer, M.D., 2919 Swann Ave., Tampa, FL 33609			25a SUBREGISTRAR - SIGNATURE AND DATE Wayne W. Brown 7/1/99			25c LOCAL REGISTRAR - SIGNATURE Sharon Thomas			25d DATE REGISTERED JUL 02 1999	

DECEDENT

RESIDENCE

PARENTS

DISPOSITION

CERTIFIER