

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2016035212

DATE ISSUED: March 9, 2016

DECEDENT INFORMATION

STATE FILE DATE: March 8, 2016

NAME: NANCY J ROSSMAN

DATE OF DEATH: February 27, 2016

SEX: FEMALE SSN: 366-36-0820

AGE: 078 YEARS

DATE OF BIRTH: March 26, 1937

BIRTHPLACE: NILES, MICHIGAN, UNITED STATES

PLACE OF DEATH: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: WINTER HAVEN HOSPITAL

LOCATION OF DEATH: WINTER HAVEN, POLK COUNTY, 33881

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): WILLIAM M ROSSMAN

RESIDENCE: 503 LAKE HENRY DRIVE, WINTER HAVEN, FLORIDA 33881, UNITED STATES

COUNTY: POLK

OCCUPATION, INDUSTRY: HOMEMAKER, OWN HOME

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

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

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: L F CHENEY

MOTHER: DOROTHY E RYAN

INFORMANT: WILLIAM M ROSSMAN

RELATIONSHIP TO DECEDENT: HUSBAND

INFORMANT'S ADDRESS: 503 LAKE HENRY DRIVE, WINTER HAVEN, FLORIDA 33881, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: PALM STATE CREMATORY
CLEARWATER, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: SCOTT HICKEY, F044604

FUNERAL FACILITY: HOLLOWAY FUNERAL HOME INC F080152

112 BAYVIEW BLVD, OLDSMAR, FLORIDA 34677

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 0156

CERTIFIER'S NAME: JAY CARLTON STINE JR

CERTIFIER'S LICENSE NUMBER: ME50219

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 HYPERTENSIVE HEART DISEASE

b

c

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:
ALZHEIMERS 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 PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

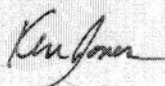
LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:



, State Registrar

REQ: 2016818473

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

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DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD

