

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDATYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME <b>Johnny</b> FIRST <b>Thalbert</b> MIDDLE <b>Burrows</b> LAST	2. SEX <b>Male</b>	
3. DATE OF DEATH (Month, Day, Year) <b>June 9, 2002</b>	4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE-Last Birthday (years) <b>68</b>
6. DATE OF BIRTH (Month, Day, Year) <b>October 2, 1933</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Oklahoma</b>
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 checked="" type="checkbox"/> Other (Specify) <b>Daughter's Residence</b>		8. WAS DECEDENT EVER IN ARMED FORCES? (Yes or No) <b>Yes</b>
9c. FACILITY NAME (If not institution, give street and number) <b>2250 Hayes Avenue</b>		9b. INSIDE CITY LIMITS? (Yes or No) <b>No</b>
9d. CITY, TOWN, OR LOCATION OF DEATH <b>Port Saint Joe</b>		9e. COUNTY OF DEATH <b>Gulf</b>
10a. DECEDENT'S USUAL OCCUPATION <b>Laborer</b>	10b. KIND OF BUSINESS/INDUSTRY <b>Chemical Plant</b>	11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>
12. SURVIVING SPOUSE (If wife, give maiden name)		
13a. RESIDENCE — STATE <b>Florida</b>	13b. COUNTY <b>Gulf</b>	13c. CITY, TOWN, OR LOCATION <b>Highland View</b>
13d. STREET AND NUMBER <b>143 Marlin Street</b>		
13e. INSIDE CITY LIMITS? (Yes or No) <b>No</b>	13f. ZIP CODE <b>32456</b>	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:
15. RACE — American Indian, Black, White, etc Specify: <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>11</b> College (13-4)
17. FATHER'S NAME (First, Middle, Last) <b>Percy Burrows</b>		18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Oma Jenkins</b>
19a. INFORMANT'S NAME (Type/Print) <b>Diane King</b>		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2250 Hayes Avenue, Port Saint Joe, Florida 32456</b>
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Holly Hill Cemetery</b>
20c. LOCATION — City or Town, State <b>Port St. Joe Florida</b>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>W.P. Comforter</b>		21b. LICENSE NUMBER (of Licensee) <b>FE1994</b>
21c. NAME AND ADDRESS OF FACILITY <b>Comforter Funeral Home 601 Long Avenue Port Saint Joe, Florida 32456</b>		
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) <b>[Signature]</b>		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <b>[Signature]</b>
22b. DATE SIGNED (Mo., Day, Yr.) <b>June 11, 2002</b>	22c. HOUR OF DEATH <b>7:45 AM</b>	23b. DATE SIGNED (Mo., Day, Yr.)
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23c. HOUR OF DEATH
23d. MEDICAL EXAMINER'S CASE #		
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) <b>Dr. Vincent Ivers 102 Twentieth Street, Port St. Joe, Florida 32456</b>		
25a. SUBREGISTRAR — SIGNATURE AND DATE <b>[Signature]</b>		25b. LOCAL REGISTRAR — SIGNATURE <b>Cheryl A. Owen CDR</b>
25c. DATE REGISTERED <b>June 14</b>		

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

VOID IF ALTERED OR ERASED