

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

State of Florida
Department of Health and Rehabilitative Services
VITAL STATISTICSCERTIFICATE OF DEATH
FLORIDA78-053168
STATE FILE NO
REGISTRAR'S NO 09013

DECEASED—NAME 1. LEON JOSEPH HOWARD		SEX 2. MALE	DATE OF DEATH—MONTH, DAY, YEAR 3. JULY 3, 1978
RACE—WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. WHITE	AGE—LAST BIRTHDAY (YEARS) 5a. 76	SEX—MALE 5b. MALE	DATE OF BIRTH—MONTH, DAY, YEAR 6. NOV. 17, 1901
CITY, TOWN, OR LOCATION OF DEATH 7a. MIAMI SHORES		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN STREET, GIVE STREET AND NUMBER) 7c. YES 230 N. E. 105 STREET	COUNTY OF DEATH 7b. DADE
STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) 8. KENTUCKY	CITIZEN OF WHAT COUNTRY 9. U. S. A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. WIDOWED	SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) 11. NONE
SOCIAL SECURITY NUMBER 12. 267 58 6396 A	USUAL OCCUPATION (GIVE KIND OF WORK BEING DONE AND HOW OF WORKING TIME, IF IN TRADE) 13a. RETIRED DENTIST	KIND OF BUSINESS OR INDUSTRY 13b. PRACTICE OF DENTISTRY	
RESIDENCE—STATE 14a. FLORIDA	COUNTY 14b. DADE	CITY, TOWN, OR LOCATION 14c. MIAMI SHORES	STREET AND NUMBER (SPECIFY YES OR NO) 14d. YES 230 N. E. 105 STREET
FATHER—NAME 15a. MILBURN	MOTHER—NAME 15b. HOWARD	MOTHER—MARRIAGE NAME 15c. VICTORIA (UNOBTAINABLE)	
INFORMANT—NAME 17a. MRS. HARRY D. FLEMING, JR.		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 4880 HAMMOCK LAKE DRIVE, MIAMI, FLA. 33156	

CERTIFICATION—PHYSICIAN: 1. ATTENDED THE DECEASED FROM 27a. MONTH 6 DAY 1977 TO 27b. MONTH 7 DAY 3 1978	AND LAST SAW HIM/HER ALIVE ON: 27c. MONTH 2 DAY 8 1978	I DID/DID NOT VIEW THE BODY AFTER DEATH: 27d. did not	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, BUT NOT TO THE CAUSE(S) STATED: 27e. 1:15 P.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated. 28a.			
CERTIFIER—NAME (TYPE OR PRINT) 29a. J. FRANCIS KEELEY, JR. M.D.	SIGNATURE 29b. <i>J. Keeley</i>	RESIDENCE 29c. MIAMI	DATE SIGNED (MONTH, DAY, YEAR) 29d. JULY 5, 1978
MAILING ADDRESS—CERTIFIER 29e. 9526 N. E. 2 AVENUE MIAMI SHORES FLORIDA 33138			
SUBS. CREMATION, REMOVAL (SPECIFY) 30a. CREMATION	CEMETERY OR CREMATORY—NAME 30b. GROVE PARK CREMATORY	LOCATION 30c. MIAMI	STATE 30d. FLORIDA
DATE 31a. JULY 7, 1978	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 31b. JOSEPH B COFER FUNERAL HOME 10931 N.E. 6 AVE. MIAMI, FLA. 33161		
FUNERAL DIRECTOR—SIGNATURE 32a. <i>Joseph B. Cofer</i>	REGISTRAR—SIGNATURE 32b. <i>Wary Kay Cofer</i>	DATE RECORDED BY LOCAL HEALTH DEPARTMENT 32c. JUL 6 1978	

C. J. Meach G. J. J., State Registrar

Date issued: July 22, 2014

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT PAGE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1945 (80-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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