STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

86 043845

LOCAL FILE NO.

1. DECEDENT—NAME: FIRST Thomas — MIDDLE Buford — LAST Coogan
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Yr.): April 18, 1986
4. RACE—e.g., White, Black, Am. Indian, etc. (Specify): White
5a. AGE—Last Birthday (Yrs.): 78
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MINS.
6. DATE OF BIRTH (Mo., Day, Yr.): April 4, 1908
7a. COUNTY OF DEATH: Pinellas
7b. CITY, TOWN OR LOCATION OF DEATH: St. Petersburg
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): Bayfront Medical Center
7d. IF HOSP. OR INST. (Ind. its DOA, OP/Emer. Rm., Inpatient (Specify)): Emer. Rm.
8. STATE OF BIRTH (If not in U.S.A., name country): Illinois
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
11. SURVIVING SPOUSE (If wife, give maiden name): None
12. SOCIAL SECURITY NUMBER: 459-09-6440
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
13b. KIND OF BUSINESS OR INDUSTRY: Decorative Painting
14a. RESIDENCE—STATE: Florida
14b. COUNTY: Pinellas
14c. CITY, TOWN OR LOCATION: St. Petersburg
14d. STREET AND NUMBER: 2349 Central Avenue
14e. INSIDE CITY LIMITS (Specify Yes or No): Yes
15. FATHER—NAME: FIRST John — MIDDLE — LAST Coogan
16. MOTHER—MAIDEN NAME: FIRST Belle — MIDDLE — LAST Dawson
17a. INFORMANT—NAME (Type or Print): Keith Coogan
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2513 Cobre Valle, Plano, Texas 75023
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal
18b. CEMETERY OR CREMATORY—NAME: Edgar Cemetery
18c. LOCATION (CITY OR TOWN, STATE): Paris, Illinois
19a. FUNERAL DIRECTOR—(Signature): Donald A. Oyle
19b. FUNERAL HOME (ADDRESS): Mathews-Palms Memorial, Inc. 2025 9th Street South, St. Petersburg, Florida 33705

To be Completed by CERTIFYING PHYSICIAN Only

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶ Addison I. Messer
20b. DATE SIGNED (Mo., Day, Yr.): April 23, 1986
20c. HOUR OF DEATH: 12:22 P M
20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be Completed by MEDICAL EXAMINER

21a. 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) stated. (Signature and Title) ▶
21b. DATE SIGNED (Mo., Day, Yr.):
21c. HOUR OF DEATH: M
21d. PRONOUNCED DEAD (Mo., Day, Yr.) ON:
21e. PRONOUNCED DEAD (Hour) AT: M

22. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print): Addison Messer, M. D., 501 11th Street North, St. Petersburg, Florida 33701

REGISTRAR
23a. (Signature) ▶ Marian A. Wirks
23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): April 23, 1986

C. Meade Grigg, State Registrar

Date Issued: FEB 2 6 2009

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 A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1946 (08-04)

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CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED

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