STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 57-019205

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY: DUVAL	CODE NO. 26-XX	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: FLORIDA b. COUNTY: CLAY	
b. CITY, TOWN, OR LOCATION: JACKSONVILLE	c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒	c. CITY, TOWN, OR LOCATION: GREEN COVE SPRINGS	e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐ ON A FARM? YES ☐ NO ☒
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): U.S. NAVAL HOSPITAL	e. LENGTH OF STAY IN JAX: 19 days	d. STREET ADDRESS: 739 MYRTLE AVE. 20-13	

3. NAME OF DECEASED (Type or print): First MARSHALL Middle FISHER Last COOPER				4. DATE OF DEATH: Month JUNE Day 29 Year 1957			
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: SEPT 17, 1912	9. AGE (In years last birthday): 44	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHIEF BOILER TENDER	10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY	11. BIRTHPLACE (State or foreign country): FLORIDA	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: CHARLES COOPER		14. MOTHER'S MAIDEN NAME: MARY MATTHEWS					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE: C.D. Meade Address: C.D. MEADE, LT MSC USN, USNH JACKSONVILLE					

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

18. 19. 20.

21. I attended the deceased from 10 June 1957, to 29 June 1957 and last saw him alive on 29 June 1957. Death occurred at 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H.H. KALIL, LT MC USNR
22b. ADDRESS: U.S. NAVAL HOSPITAL, JACKSONVILLE, FLORIDA
22c. DATE SIGNED: 30 June 1957

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
REMOVAL	7/2/57	HOLTS CEMETERY	CRESTVIEW, FLORIDA

24. FUNERAL DIRECTOR'S SIGNATURE: Ralph W. Tucker ADDRESS: GREEN COVE SPRINGS
25. DATE RECD. BY LOCAL REG.: July 2, 1957
26. REGISTRAR'S SIGNATURE: [signature]

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY DEC 31 2001

C Meade Briggs
State Registrar

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

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FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10/98)

CERTIFICATION OF VITAL RECORD

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