

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2017119077

DATE ISSUED: August 9, 2017

DECEDENT INFORMATION

STATE FILE DATE: August 4, 2017

NAME: JOSEPHINE M QUINONES

AKA: JOSEFINA M QUINONES

DATE OF DEATH: July 29, 2017

SEX: FEMALE

AGE: 090 YEARS

DATE OF BIRTH: December 26, 1926

SSN: [REDACTED] 2208

BIRTHPLACE: HAVANA, CUBA

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: FLORIDA MEDICAL CENTER - A CAMPUS OF NORTH SHORE

LOCATION OF DEATH: LAUDERDALE LAKES, BROWARD COUNTY, 33313

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

RESIDENCE: 3075 NW 35TH AVENUE, LAUDERDALE LAKES, FLORIDA 33311, UNITED STATES

COUNTY: BROWARD

OCCUPATION, INDUSTRY: CLERK, BANKING

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

HISPANIC OR HAITIAN ORIGIN? YES, CUBAN

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: FRANCISCO MARTINEZ-LUFRIO

MOTHER/PARENT: PILAR GONZALEZ BOSH

INFORMANT: LARRY M OTT

RELATIONSHIP TO DECEDENT: PERSONAL REPRESENTATIVE

INFORMANT'S ADDRESS: 2260 NE 67TH STREET APT NO. 1727, FORT LAUDERDALE, FLORIDA 33308, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: GOLD COAST CREMATORY
FORT LAUDERDALE, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: VANESSA DE LOS ANGELES MOLINA, F078121

FUNERAL FACILITY: CABALLERO RIVERO LITTLE HAVANA F078956
3344 SOUTHWEST 8TH ST, MIAMI, FLORIDA 33135

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

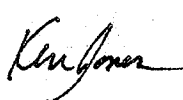
TIME OF DEATH (24 hr): 0839

DATE CERTIFIED: August 1, 2017

CERTIFIER'S NAME: VALERIE J EYMA HEYWOOD

CERTIFIER'S LICENSE NUMBER: ME122401

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



, State Registrar

REQ: 2018420637

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 1946 (03-13)

CERTIFICATION OF VITAL RECORD



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