

LOCAL FILE NO. 83710 / 4 FLORIDA STATE FILE NO.

TYPE OR PRINT IN PERMANENT BLACK INK

1599

DECEDENT: NAME FIRST MIDDLE LAST SEX DATE OF DEATH (Mo., Day, Yr.)
 1 Robert Emil Sussman, Sr. Male October 27, 1983

RACE (Specify) AGE (Mo., Day, Yr.) UNDER 1 YEAR ORDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) COUNTY OF DEATH
 2 White 30 94 5b 5c 5d 6 March 27, 1889 7a Brevard

CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION (Name (If not in either, give street and number)) IF HOSP OR INST (Indicate Dr OP/Emar. Rm., Inpatient (Spec.))
 7b Merritt Island 7c 514 Orange Avenue 7d

STATE OF BIRTH (If not in U.S.A., name country) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SURVIVING SPOUSE (If wife, give maiden name)
 8 Ohio 9 U.S.A. 10 Widowed 11

SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR INDUSTRY
 12 292-07-6112 13a Retired Office Manager 13b Gas Company

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No)
 14a Florida 14b Brevard 14c Merritt Island 14d 514 Orange Avenue 14e No

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
 15 Unobtainable 16 Unobtainable

INFORMANT—NAME (Type or Print) MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE
 17a Marjorie S. Whitehouse 17b 514 Orange Avenue, Merritt Island, Florida 32952

BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE
 18a Cremation 18b Atlas Products, Inc. 18c Brevard County, Florida

FUNERAL DIRECTOR (Type or Print) FUNERAL HOME
 19a J. Steady Bailey 19b Wylie-Baxley MERRITT ISLAND Funeral Home P. O. Box 428, Cocoa, Florida 32923-0428

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) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH
 20b 11/1/83 20c 7:30 P. M.

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) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH
 21b 21c

22 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print)
 Jeffrey Stalnaker, MD, 150 Fortenberry Rd., Merritt Island, Florida 32952

REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
 23a (Signature) James L. Kimrey 23b November 2, 1983

24 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
 PART I (a) Respiratory arrest Interval between onset and death: Immediate
 (b) Intestate prostate carcinoma Interval between onset and death: Months
 (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) AUTOPSY (Specify Yes or No) WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)
 25 NO 26 NO

(Probably) ACCIDENT, SUICIDE or HOMICIDE; or UNDETERMINED (Specify) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED
 27a 27b 27c M 27d

INJURY AT WORK (Specify Yes or No) PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LOCATION STREET OR R.F.D. No CITY OR TOWN STA
 27e 27f 27g

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THE LOCAL REGISTRAR'S OFFICE IN THE BREVARD COUNTY HEALTH DEPARTMENT.

NOV 4 1983

Date & Seal

Manuel Garcia, M.D.
 Local Registrar

Joseph B. Henderson
 Chief Deputy Registrar

D. GENE ROBERTS District 1 JOHN HURDLE District 2 VAL M. STEELE Chairman District 3 LEE WENNER District 4 JOE WICKHAM Vice Chairman District 5 ROBERT L. NABORS County Attorney R. C. WINSTEAD, JR. Clerk