

IN RE: Estate
OF Brownie Kendall
Deceased

IN THE CIRCUIT COURT OF THE
FIFTEENTH JUDICIAL CIRCUIT IN
AND FOR PALM BEACH COUNTY, FLORIDA
PROBATE AND GUARDIANSHIP DIVISION
FILE NO. 87-3685-CP

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT PERMANENT BLACK INK SEE HANDBOOK FOR INSTRUCTIONS

7ab 6014

LOCAL FILE NO. 87 219 22

DECEDENT

1. DECEASED—NAME FIRST BROWNIE MIDDLE LAST KENDALL SEX 2. Female DATE OF DEATH (Mo. Day, Yr.) 3. August 7, 1987

4. RACE—e.g. White, Black, Am. Indian etc. (Specify) 4. White AGE—Last Birthday (Yrs.) 5a. 68 UNDER 1 YEAR 5b. MOS DAYS HOURS 5c. 5d. 5e. 5f. 5g. 5h. 5i. 5j. 5k. 5l. 5m. 5n. 5o. 5p. 5q. 5r. 5s. 5t. 5u. 5v. 5w. 5x. 5y. 5z. 6. DATE OF BIRTH (mo. Day, Yr.) 6. Sept. 29, 1918 7a. COUNTY OF DEATH 7a. Palm Beach

7d. CITY, TOWN OR LOCATION OF DEATH 7d. Delray Beach 7c. DELRAY COMMUNITY HOSPITAL 7d. Inpatient

7b. STATE OF BIRTH (If not in U.S.A. name country) 8. Montana 9. U.S.A. 10. Divorced 11. SURVIVING SPOUSE (If wife, give maiden name)

12. SOCIAL SECURITY NUMBER 12. 073-05-0638 13a. USUAL OCCUPATION (Give kind of work, one during must of working life, even if retired.) 13a. Clerk 13b. KIND OF BUSINESS OR INDUSTRY 13b. Womans Clothing 13c. WAS DECEDENT EVER IN U.S. ARMED SERVICES 13c. YES ☐ NO ☒

14. RESIDENCE—STATE 14a. Florida 14b. COUNTY 14b. Palm Beach 14c. CITY, TOWN OR LOCATION 14c. Delray Beach 14d. STREET AND NUMBER 14d. 116 Mockingbird Lane 14e. INSIDE CITY LIMITS (Specify Yes or No) 14e. Yes

15. FATHER—NAME FIRST MIDDLE LAST (Unobtainable) 16. MOTHER—NAME FIRST MIDDLE LAST 16. Leona Brown

17a. INFORMANT—NAME (Type or Print) 17a. Glyndon Crocker 17b. MAILING ADDRESS 17b. 92 Wedgewood Drive, Williamsville, New York, 14221

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18a. Burial 18b. CEMETERY OR CREMATORY—NAME 18b. Forest Lawn North Cemetery 18c. ADDRESS 18c. Pompano Beach, Florida

19a. FUNERAL DIRECTOR—Signature 19a. James A. Benz 19b. #1464 Kraeer, 1353 N. Federal Hwy., Boca Raton, FL 33432

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 20a. (Signature and Title) 20a. James A. Benz MD/ME 20b. DATE SIGNED (Mo., Day, Yr.) 20b. August 8, 1987 20c. HOUR OF DEATH 20c. 8:10 P M 20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 20d. James A. Benz, M.D., M.E., 3126 Gun Club Road, West Palm Beach, FL 33409

21. 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. 21a. (Signature and Title) 21a. James A. Benz MD/ME 21b. DATE SIGNED (Mo., Day, Yr.) 21b. August 8, 1987 21c. HOUR OF DEATH 21c. 8:10 P M 21d. ON August 7, 1987 21e. AT 8:10 P M

22. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) 22. ME 87-787 James A. Benz, M.D., M.E., 3126 Gun Club Road, West Palm Beach, FL 33409

23a. (Signature) 23a. [Signature] 23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 23b. August 15, 1987 Sub. Reg. 23c. AUG 18 1987

24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) PULMONARY EMBOLISM DUE TO, OR AS A CONSEQUENCE OF (Condition(s) which gave rise to cause (a) — List underlying cause last)

(b) FRACTURED RIGHT ANKLE WITH CAST IMMOBILIZATION DUE TO, OR AS A CONSEQUENCE OF

(c) MULTIPLE SCLEROSIS. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

PART II IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes ☐ No ☒ 25. No 26. Yes

27a. (Probably) ACCIDENT, SUICIDE or HOMICIDE or UNDETERMINED (Specify) 27a. ACCIDENT 27b. DATE OF INJURY (Mo., Day, Yr.) 27b. July 12, 1987 27c. HOUR OF INJURY 27c. 5:15 PM 27d. DESCRIBE HOW INJURY OCCURRED 27d. Fell at home. 27e. LOCATION 27e. 116 Mockingbird Lane, Delray Beach, Florida

28a. INJURY AT WORK (Specify Yes or No) 28a. No 28b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28b. Home 28c. CITY OR TOWN 28c. Delray Beach, Florida 28d. STATE 28d. Florida

CERTIFIED COPY

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

BY Joseph Grueneberg

OLIVER H. BOORDE
State Registrar
Office of Vital Statistics

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CERTIFICATION OF VITAL RECORD

