

DEPARTMENT OF
Health & Rehabilitative Services

Bob Graham, Governor

DISTRICT ELEVEN

DADE COUNTY DEPARTMENT OF
PUBLIC HEALTH

I HEREBY CERTIFY THIS TO BE A TRUE
COPY OF THE LOCAL REGISTRAR'S RECORD
OF DEATH.

1350 N. W. 14TH ST.
MIAMI, FLORIDA 33125

WARNING:

(Not valid unless the raised seal
of the Bureau of Vital Statistics
is affixed.)

Beatrice Marchetti
DEPUTY REGISTRAR

**00879 CERTIFICATE OF DEATH
FLORIDA**

LOCAL FILE NO.

1. DECEDENT—NAME FIRST MIDDLE LAST Margarita Lejarza			2. SEX Female	3. DATE OF DEATH (Mo., Day, Yr.) Jan. 17, 1985
4. RACE—e.g., White, Black, Am. Indian, etc. (Specify) White	5a. AGE—Last Birthday (Yrs.) 34	5b. UNDER 1 YEAR MOS.	5c. UNDER 1 DAY HOURS	5d. MINS. June 17, 1950
7b. CITY, TOWN OR LOCATION OF DEATH Miami		7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) Mercy Hospital		7d. IF HOSP. OR INST. (Indicate DOA, OP/Emer. Room location) (Specify) Inpatient
8. STATE OF BIRTH (If not in U.S.A., name country) Cuba	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	11. SURVIVING SPOUSE (If wife, give maiden name) None	
12. SOCIAL SECURITY NUMBER 262-92-4903		13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	13b. KIND OF BUSINESS OR INDUSTRY Travel Agency	
14a. RESIDENCE—STATE Florida	14b. COUNTY Dade	14c. CITY, TOWN OR LOCATION Miami	14d. STREET AND NUMBER 1087 S.W. 79th Avenue	14e. INSIDE CITY LIMITS (Specify Yes or No) No
15. FATHER—NAME FIRST MIDDLE LAST Jose Domingo Lejarza			16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Maria Caridad Vazquez	
17a. INFORMANT—NAME (Type or Print) Maria Lejarza		17b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 1087 S.W. 79th Avenue Miami Florida		
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b. CEMETERY OR CREMATORY—NAME South Florida Crematory		18c. LOCATION CITY OR TOWN STATE Miami Florida
19a. FUNERAL DIRECTOR—(Signature) <i>W. J. ...</i>		19b. FUNERAL HOME ADDRESS Caballero Funeral Home, Inc. 2546 SW 8th St. Miami, Fla.		
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) <i>Andres Candela</i>		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) <i>Andres Candela</i>		
20b. DATE SIGNED (Mo., Day, Yr.) Jan. 17, 1985		20c. HOUR OF DEATH 10:45 a. M		20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		21d. PRONOUNCED DEAD (Mo., Day, Yr.)
21e. ON		21f. PRONOUNCED DEAD (Hour)		21g. AT
22. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print) Andres M. Candela, M.D. 3661 South Miami Avenue, Miami, Florida				
23a. REGISTRAR (Signature) <i>[Signature]</i>		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 21, 1985 (Sub-Reg)		23c. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JAN 21 1985
24. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). PART I (a) Respiratory Arrest			Interval between onset and death minutes	
DUE TO, OR AS A CONSEQUENCE OF (Condition(s) which gave rise to cause (a) — List underlying cause last) (b) Bilateral Pneumonitis			Interval between onset and death days	
DUE TO, OR AS A CONSEQUENCE OF: (c)			Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Exogenous Obesity			PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
PART IV (Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify) Exogenous Obesity			AUTOPSY (Yes or No) Yes	
27a. INJURY AT WORK (Specify Yes or No)			27b. DATE OF INJURY (Mo., Day, Yr.)	
27c. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			27d. HOUR OF INJURY	
27e. INJURY AT WORK (Specify Yes or No)			27f. DESCRIBE HOW INJURY OCCURRED	
27g. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			27h. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	