OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

Orlando					ch A					Male	
DATE OF BIRTH (Month, Day Year)	4	(Years)	4b UNDER 1 Months	VEAR Days	4c UNDI		ules	5. DATE OF DE			
August 18, 1926	7 BIRTHPLA	8 4 ACE (City and State or	,	1000		8 COUNTY	OF DEA	April	21,	2011	
267-72-0404	Cuba	,	,,			Miam					
PLACE OF DEATH HOSPITAL	X Inpatien	nt Emerg	ency Room/Outpa	ilenț	Dea	d on Arrival					
NON-HOSPITAL	Hospice	tacility Nursing	g Home/Long Terr			edent's Home		Other (Specify)			
FACILITY NAME (If not institution, give s						TOWN, OR L	OCATIO	N OF DEATH		116 INSIDE C	
Kendall Regional Medical Center 2. MARITAL STATUS (Specify)					Miami 13. SURVIVING SPOUSE'S NAME (Il wife, give maide)				Yes	X No	
Marned Married, but Separa					7 ~ ~ ~			ame (11 wile, giv gado	e maiden ni	smej	
a. RESIDENCE - STATE	100	Widowed 14b COUNTY	_ Divorced _	Never Married	"	Y, TOWN, OF		<u> </u>			
Florida		Miami-	Dade		Mian	ni					
d STREET ADDRESS			2.4	15		14e APT	NO	141 ZIP CODE		14g. INSIDE C	ITY LIMIT
11746 SW 11 Stree			-	1.34				33184		Yes	X No
a DECEDENT'S USUAL OCCUPATION , Do not use "Relired"	(Indicate type o	of work done during ma	ost of working life.)		15b KIN	D OF BUSINE	ES\$/IND				
DECEDENT'S RACE (Specify the race/ra	Doct		Idered himself/hers	alf to be More th	2000000	a may be see	offed 1	Medici	ne		
· ·	or African Ame						cinoc.)				
Asian Indian Chines			nerican Indian or A		Vietnam		Otne	r Asian (Specify	,)		
827 DEL	enian or Cham		,	Other Pacific Isl			0		(Specify)		
DECEDENT OF HISPANIC OR HAITIAN		X _{Yes} (If Yes, spec			Mexican	Puerto	Rican	X Cuban		I/South American	
pecify if decedent was of Hispanic or Half.						inlo (Specify)					Haitie
DECEDENT'S EDUCATION (Specify Inc	decedent's he	ghest degree or level o	of school complete	d at time of deati	n.)					DECEDENT EVE	
Bih or less Hig	h achool but no	o diploma	High school diplor	na or GED			v				
College but no degree C FATHER'S NAME (First, Middle, Last, Si	ollege degree ((Specify):	Associate	Bachelor's	Maste		X Doct		1 -	yes X No	
Miguel Angel Bos	,		21	Rosa A	we <i>(First, I</i> Avila	wragi e , M8ide	rr sumar	n d)			
MIGUEL ANGEL BOS	<u></u>		22	ROSA F		EDENT	23a	INFORMANT'S	MAILING -	STATE	
Adriana Bosch				pouse				Lorida		-	
CITY OR TOWN		23c STF	REET ADDRESS							23d ZIP CODE	Ē
Miami			746 SW 1							33184	
PLACE OF DISPOSITION (Name of cen	•	ory, or other place)		OCATION - STA	TE			CATION - CITY (OR TOWN		
Woodlawn Park So			Fl	.orida			Mia	ami			
a METHOD OF DISPOSITION X BUILDING	rial 8		UMBER (of Licens	Donation		om State		ner (Specify)	OD DEDEO	N ACTING AS SL	ICU.
b. IF CREMATION, DONATION OR BUR WAS MEDICAL EXAMINER	IAL AT SEA,	27a LICENSE N	IUMBEH (of Licens	(888) 270 SI							ICH
			2600	1.	01141011			OE)CENSEE (
APPROVAL GRANTED? Yes	No	042	2624	6			5				
		awn Funer	al Home	6			29a FAC	CILITY'S MAILIN			
NAME OF FUNERAL FACILITY Caballero Rivero			al Home	6			29a FAC			29d. ZIP COOR	
NAME OF FUNERAL FACILITY Caballero Rivero		29c STF		Miami			29a FAC	CILITY'S MAILIN			
NAME OF FUNERAL FACILITY Caballero Rivero B CITY OR TOWN Miami	Woodl	29c STF 3.3	A4 S.W.	Miami 8th Str	reet		Flo	CILITY'S MAILIN Drida	G - STATE	29d. ZIP COOR	
NAME OF FUNERAL FACILITY Caballero Rivero COTY OF TOWN Miami CERTIFIER Conflying Physical Examin	Woodl	29c STF 3.3	REET ADDRESS 44 S.W. death occurred at	Miami 8th Sti the time, date ar	reet nd place, an ath occurre	d due to the c	Flo	CILITY'S MAILIN O'TI da and manner stat place, due to th	e cause(s) a	29d. ZIP CODE 33135	d.
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NAME OF FUNERAL FACILITY Caballero Rivero DITY OF TOWN Miami CERTIFIER Contlying Physical Examin a. (Signature and Title of Certifier)	Woodl	29c STS 3.3 best of my knowledge, sis of examination, and	REET ADDRESS 44 S.W. death occurred at	Miami 8th Sti the time, date ar	reet nd place, an ath occurren	d due to the od at the time, and O I.	Fl (rause(s) date and (24 hr.)	orlda and manner stat place, due to th 33 MEDICAL	e cause(s) a	29d. ZIP COOR 33135 and manner state	d.
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