

FL

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

FL

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2015062379

DATE ISSUED: SEPTEMBER 27, 2023

## DECEDENT INFORMATION

DATE FILED: APRIL 24, 2015

NAME: PHYLLIS M VANNOSTRAND

DATE OF DEATH: APRIL 22, 2015

SEX: FEMALE

AGE: 061 YEARS

DATE OF BIRTH: OCTOBER 17, 1953

SSN: \*\*\*-\*\*-6977

BIRTHPLACE: BUFFALO, NEW YORK, UNITED STATES

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: GULFSIDE CENTER FOR HOSPICE CARE

LOCATION OF DEATH: ZEPHYRHILLS, PASCO COUNTY, 33542

RESIDENCE: 37530 AURIC TERRACE, ZEPHYRHILLS, FLORIDA 33541, UNITED STATES

COUNTY: PASCO

OCCUPATION, INDUSTRY: MAIL CARRIER, US POSTAL SERVICE

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: CARL J VANNOSTRAND SR

FATHER'S NAME: LOUIS MIERZWA

MOTHER'S NAME: MARILYN ZAREMBA

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: CARL J VANNOSTRAND SR

RELATIONSHIP TO DECEDENT: HUSBAND

INFORMANT'S ADDRESS: 37530 AURIC TERRACE, ZEPHYRHILLS, FLORIDA 33541, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: JOHN W. GOOLDIN, F044362

FUNERAL FACILITY: COASTAL CREMATIONS INC F059377

4911 ALLEN RD, ZEPHYRHILLS, FLORIDA 33541

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: PALM STATE CREMATORY SERVICES  
CLEARWATER, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 2340

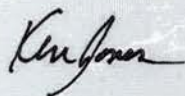
DATE CERTIFIED: APRIL 23, 2015

CERTIFIER'S NAME: DON H. BIVINS

CERTIFIER'S LICENSE NUMBER: ME122528

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2025731027

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



\* 4 7 3 3 1 6 6 6 \*

DH FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

