

VOID IF ALTERED OR ERASED

CERTIFICATE OF DEATH
FLORIDA

668
LOCAL FILE NO. DECEASENT-NAME

1 **THOMAS** **DEGRAN** **SNYDER** **Male** **July 13, 1986**
AGE - Last Entry UNDER 1 YEAR DAYS HOURS MINS DATE OF BIRTH (Mo, Day, Yr.) SEX DATE OF DEATH (Mo, Day, Yr.)
 4 **White** **72** **20** **1913** **7a** **St. Lucie** **County of DEATH**

7b **Port St. Lucie** **Port St. Lucie Hospital**
CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION - Name (If not in center, give street and number)

8 **Kentucky** **USA**
CITIZEN OF WHAT COUNTRY CITIZEN OF WHAT COUNTRY

9 **220-26-2404**
SOCIAL SECURITY NUMBER

12 **Florida** **Port St. Lucie** **Microbiologist**
RESIDENCE - STATE CITY, TOWN OR LOCATION USUAL OCCUPATION (Give kind of work done during life, if existing the event of return)

13a **Frank** **Snyder** **Margaret** **Ruth Watkins**
FATHER - NAME LAST MOTHER, MAIDEN NAME SURVIVING SPOUSE (If wife, give maiden name)

14a **Florida** **Port St. Lucie** **1430 SE San Ignacio Ln** **Yes**
CITY, TOWN OR LOCATION STREET AND NUMBER INSIDE CITY, TOWNSHIP (Specify, Yes or No)

15 **Frank** **Snyder** **Margaret** **(Unobtainable)**
FATHER - NAME (Type or Print) MOTHER, MAIDEN NAME FIRST MIDDLE LAST

17a **Port St. Lucie** **1430 SE San Ignacio Lane** **Port St. Lucie, FL 33452**
CITY, TOWN OR LOCATION STREET AND NUMBER CITY OR TOWN STATE

17b **Tri-County Crematory** **Stuart, Florida**
FUNERAL HOME CEMETERY OR CREMATORY - NAME LOCATION STATE

18a **San P. Mitchell** **AVCOCK FUNERAL HOME**
FUNERAL DIRECTOR - Signature FUNERAL HOME ADDRESS

18b **July 14, 1986** **950 NE Jensen Beach Boulevard, Jensen Beach, FL 33457**
DATE SIGNED (Mo, Day, Yr.) LOCATION OF DEATH

19 **7:25** **P**
DATE SIGNED (Mo, Day, Yr.) HOUR OF DEATH

20 **Philip Mandell, M.D.**
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21 **July 16, 1986**
DATE RECEIVED BY REGISTRAR (Mo, Day, Yr.)

22 **Philip Mandell, M.D., 900 E. Ocean Boulevard, Stuart, Florida 33494**
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER - Type or Print)

23 **July 16, 1986**
DATE RECEIVED BY REGISTRAR (Mo, Day, Yr.)

24 **7:25** **P**
PRONOUNCED DEAD (Mo, Day, Yr.) HOUR OF DEATH

25 **July 16, 1986**
PRONOUNCED DEAD (Mo, Day, Yr.) DATE RECEIVED BY REGISTRAR (Mo, Day, Yr.)

Philip Mandell, M.D.
State Registrar

Date Issued: JUL 14 2009

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CERTIFICATION OF VITAL RECORD

DH FORM 1946 (08-04)

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