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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: 2024191187

DATE ISSUED: NOVEMBER 12, 2024

DECEDENT INFORMATION

DATE FILED: NOVEMBER 8, 2024

NAME: WILLIAM JOSEPH SLY

DATE OF DEATH: OCTOBER 21, 2024

SEX: MALE

AGE: 072 YEARS

DATE OF BIRTH: NOVEMBER 2, 1951

SSN: ***-**-1795

BIRTHPLACE: CLAYTON, MISSOURI, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 17233 DALBERG DRIVE

LOCATION OF DEATH: SHADY HILLS, PASCO COUNTY, 34610

RESIDENCE: 17233 DALBERG DRIVE, SHADY HILLS, FLORIDA 34610, UNITED STATES

COUNTY: PASCO

OCCUPATION, INDUSTRY: DISABLED, DISABLED

EDUCATION: 8TH GRADE OR LESS

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: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: WILLIAM CHARLES SLY

MOTHER'S/PARENT'S NAME: MARY JEAN PORTER

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: KIMBERLY ANNE BARKER

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 14232 17TH STREET, DADE CITY, FLORIDA 33523, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: RONALD STINSMAN JR, F335180

FUNERAL FACILITY: COMPASSIONATE CREMATIONS AND MEMORIALS LLC F462665
14506 N FLORIDA AVE, TAMPA, FLORIDA 33613

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: BAY AREA CREMATORY AND PREP
TAMPA, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1101

DATE CERTIFIED: OCTOBER 30, 2024

CERTIFIER'S NAME: JUDITH ANN MARSHALL SANDERS

CERTIFIER'S LICENSE NUMBER: APRN2675562

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: 2027116429

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.



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DH FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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