

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

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022171981

DATE ISSUED: SEPTEMBER 22, 2022

DECEDENT INFORMATION

DATE FILED: SEPTEMBER 21, 2022

NAME: PATRICIA ANN BUSSELL

DATE OF DEATH: SEPTEMBER 8, 2022

SEX: FEMALE

AGE: 077 YEARS

DATE OF BIRTH: JANUARY 31, 1945

SSN: [REDACTED]

BIRTHPLACE: SYLACAUGA, ALABAMA, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: ADVENTHEALTH TAMPA

LOCATION OF DEATH: TAMPA, HILLSBOROUGH COUNTY, 33613

RESIDENCE: 5602 N DORMANY ROAD, PLANT CITY, FLORIDA 33565, UNITED STATES

COUNTY: HILLSBOROUGH

OCCUPATION, INDUSTRY: GUIDANCE COUNSELOR, EDUCATION

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? NO

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

RACE: WHITE

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Shelby Cnty Judge of Probate, AL
10/20/2022 01:18:31 PM FILED/CERT

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: JAMES BUSSELL

FATHER'S/PARENT'S NAME: JESSE HIGGINBOTHAM

MOTHER'S/PARENT'S NAME: EMMA BRISTOW

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: BETH LANGFORD

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 18236 CLEAR LAKE DRIVE, LUTZ, FLORIDA 33548, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: TOM C. WAGNER, F032310

FUNERAL FACILITY: AFFINITY DIRECT CREMATION SVC.F040178
1446 OAKFIELD DRIVE, BRANDON, FLORIDA 33511

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CREMATION CENTER OF TAMPA BAY
TAMPA, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 1710

CERTIFIER'S NAME: CHRISTOPHER ESPIRITU GARCIA

CERTIFIER'S LICENSE NUMBER: ME80594

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

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

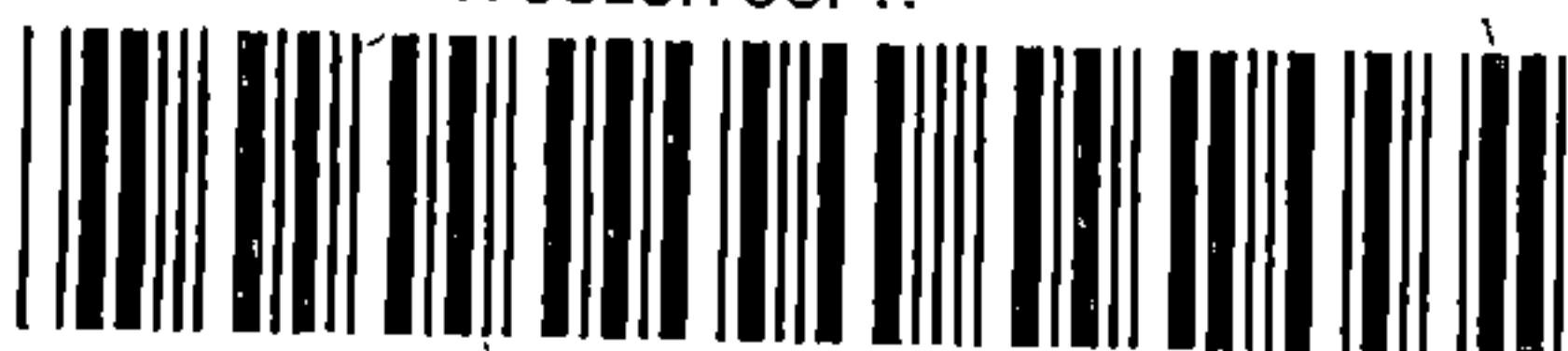
DATE CERTIFIED: SEPTEMBER 19, 2022

The first five digits of the decedent's Social Security Number have been redacted pursuant to §19.071(5), Florida Statutes.

STATE REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
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 (03-13)

CERTIFICATION OF VITAL RECORD

