STATE OF FLORIDA

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BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022171981

DATE ISSUED: SEPTEMBER 22, 2022

DATE FILED: SEPTEMBER 21, 2022

DECEDENT INFORMATION

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

20221020000396440 1/1 $22.00
Shelby Cnty Judge of Probate, AL
10/20/2022 01:18:31 PM FILED/CERT

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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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
MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE
DATE CERTIFIED: SEPTEMBER 19, 2022
CERTIFIER'S NAME: CHRISTOPHER ESPIRITU GARCIA
CERTIFIER'S LICENSE NUMBER: ME80594
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

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

REQ: 2024443426

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CERTIFICATION OF VITAL RECORD

Florida HEALTH

VOID IF ALTERED OR ERASED