UFHealth
UNIVERSITY OF FLORIDA HEALTH

University of Florida

UF Health Pathology Laboratories
4800 SW 35th Drive
Gainesville, FL 32608
Phone: 352.265.9900
Fax: 352.265.9901
pathlabs.ufl.edu
UFHealth.org

October 9, 2019

Candie Nixon, Assistant Director
Alachua County Department of
Community Support Services
218 SE 24th Street
Gainesville, FL 32641

RE: District 8 Medical Examiner Services
Invoice No. ME- Sep -19 for September 2019 Billing

Dear Ms. Nixon,

Attached please find the details of the current fees for services provided to Alachua County by the Medical Examiner's Office for **September 2019** totaling **$117,856.34.**

Please make your check payable to the *University of Florida, Department of Pathology* and send it to:

Mr. **Ricardo Camacho, Operations Manager**
University of Florida, Department of Pathology
PO Box 100275
Gainesville, FL 32610

Thank you.

Sincerely,

Ricardo Camacho | Operations Manager
Forensic Medicine Division
University of Florida College of Medicine
Cell: 813-952-8079 | Email: ricardocamacho@ufl.edu

Cc: Brian Shaffer
Trista Knoll

Attachments

District 8 Medical Examiner
University of Florida College of Medicine
Department of Pathology
P.O. Box 100275
Gainesville, FL 32610

September 2019 | **ALACHUA COUNTY BILLING** | **Invoice # ME-ALASep-19**

	Deceased	ME#	Date	AUT $775	EXT $225	INV $150	TCH $100	TOX $165	TISS $175	TRANSPORT Costs (invoice attached)	TOTAL $
	Current Cases										
1	Ridenour, David Craig	ME19-0502	08/31/2019	775		150	100	165		190	1,380.00
2	Lunger, Helene	ME19-0503	08/31/2019		225	150				190	565.00
3	Frohnapple, Frances	ME19-0504	08/31/2019		225	150				190	565.00
4	Pipkin, Charles Thomas	ME19-0505	08/31/2019	775		150	100	165		190	1,380.00
5	Henry, Sara Ashley Elaine	ME19-0506	08/31/2019	775		150	100	165		190	1,380.00
6	Caboni, August C	ME19-0507	08/31/2019	775		150	100	165		190	1,380.00
7	Nelson, Alicia Celia	ME19-0509	09/01/2019	775		150	100	165	175	190	1,555.00
8	Nantz, Christian Joseph	ME19-0512	09/04/2019	775		150	100	165	175	190	1,555.00
9	Bean, Michael Ladell, Jr.	ME19-0513	09/04/2019	775		150	100	165	175	190	1,555.00
10	Ferro, Dominic Leonard, Jr.	ME19-0514	09/05/2019	775		150	100	165	175	190	1,555.00
11	Higham, Richard, Sr.	ME19-0516	09/07/2019	775		150	100		175	190	1,390.00
12	Marsh, Richard C	ME19-0518	09/07/2019	775		150	100	165		190	1,380.00
13	Riley, Casie Fawn	ME19-0519	09/08/2019	775		150	100	165		190	1,380.00
14	Gustafson, John	ME19-0520	09/09/2019	775		150	100		175	190	1,390.00
15	Bryan, Matthew D	ME19-0521	09/09/2019	775		150	100	165		190	1,380.00
16	Shanks, William Judson, Jr.	ME19-0522	09/09/2019	775		150	100	165		190	1,380.00
17	Stevens, Melvin Connz, Jr.	ME19-0523	09/10/2019	775		150	100	165		190	1,380.00
18	Clark, Jacqueline	ME19-0525	09/11/2019	775		150	100	165	175	190	1,555.00
19	Hancock, Rosanna	ME19-0526	09/11/2019		225	150		165		190	730.00
20	James, Osborne S, Jr	ME19-0527	09/12/2019		225	150				190	565.00
21	Gilder, Vicki Lynn	ME19-0528	09/13/2019		225	150				190	565.00
22	LaRoche, J. A.	ME19-0529	09/14/2019		225	150				190	565.00
23	Baxter, Jamie Edward	ME19-0530	09/14/2019	775		150	100	165	175	190	1,555.00
24	Mills, Heather Marie	ME19-0532	09/15/2019	775		150	100	165	175	190	1,555.00
25	Williamson, Richard Walter	ME19-0533	09/15/2019	775		150	100	165	175	190	1,555.00
26	Green, Timothy Allen	ME19-0535	09/15/2019	775		150	100	165	175	190	1,555.00
27	Miles, Eugene Vershard	ME19-0536	09/17/2019	775		150	100	165	175	190	1,555.00
28	Allen, Terrell Turnage	ME19-0537	09/17/2019		225	150		165		190	730.00
29	Cobbler, Teran	ME19-0538	09/17/2019	775		150	100	165	175	190	1,555.00
30	Lily, Debra Jean	ME19-0541	09/19/2019	775		150	100	165	175	190	1,555.00
31	Dudley, Michael Craig	ME19-0542	09/18/2019	775		150	100	165	175	190	1,555.00
32	Suarez, Jordan Scott	ME19-0543	09/19/2019	775		150	100	165		190	1,380.00
33	Kissal, Richard Lincoln	ME19-0544	09/19/2019	775		150	100	165		190	1,380.00
34	Walker, Kevin Vincent	ME19-0545	09/20/2019	775		150	100	165		190	1,380.00
35	Canter, George Muncie, Jr	ME19-0546	09/19/2019	775		150	100	165	175	190	1,555.00
36	Buckwalter, Ronald	ME19-0547	09/21/2019		225	150				190	565.00
37	Smith, Janice Ellis	ME19-0549	09/21/2019	775		150	100	165		190	1,380.00
38	Linne, Cody Allen	ME19-0550	09/21/2019	775		150	100	165		190	1,380.00
39	Vann, Carol Jean	ME19-0554	09/22/2019	775		150	100		175	190	1,390.00
40	Gaudia, Linda Marie	ME19-0555	09/23/2019	775		150	100	165		190	1,380.00
41	Gaudia, Steve Robert, Sr.	ME19-0556	09/23/2019	775		150	100	165		190	1,380.00
42	Madden, Janet	ME19-0557	09/23/2019		225	150				190	565.00
43	Johnson, Timothy Denard, Jr	ME19-0558	09/24/2019	775		150	100	165	175	190	1,555.00
44	Strickland, Leonardo E	ME19-0559	09/24/2019	775		150	100	165	175		1,365.00
45	Wetterqvist, Orjan Fredrik	ME19-0561	09/25/2019		225	150				190	565.00
46	Komorowski, Christian Michael	ME19-0563	09/26/2019	775		150	100	165		190	1,380.00
47	Francis, Miles, Jr.	ME19-0566	09/28/2019		225	150		165		190	730.00
48	Morris, Jonathan Adam	ME19-0568	09/29/2019	775		150	100	165			1,190.00
49	Rivas, Stephen Maurice	ME19-0569	09/29/2019	775		150	100	165		190	1,380.00
50	Thomas, Bryanna	ME19-0570	09/29/2019	775		150	100			190	1,215.00
											$ 62,815.00
	Updates of Prior Cases									(Invoice Attached)	
1	Alex Santiago	ME19-0274	5/16/2019							500.00	500.00
2	Leland Smith	ME19-0280	5/21/2019							500.00	500.00
3	Logun Nowell	ME19-0304	5/31/2019							500.00	500.00
4	Cody Taylor	ME19-0325	6/13/2019							500.00	500.00
5	Bobby Tibbs	ME19-0365	7/3/2019							500.00	500.00
6	Samuel Diep	ME19-0486	8/24/2019							205.35	205.35
7	Davisson, Gregory	ME19-0262	5/12/2019							117.00	117.00
8	Laney, Robert	ME19-0269	5/14/2019							75.00	75.00
9	Day, Michael	ME19-0272	5/14/2019							273.00	273.00
10	Smith, Brenda	ME19-0301	5/30/2019							117.00	117.00
11	Calderon Falcon, Lilliana	ME19-0311	6/4/2019							85.00	85.00
12	Baker, Dwayne	ME19-0335	6/20/2019							100.00	100.00
13	Kovens, Jacob	ME19-0339	6/23/2019							100.00	100.00
14	Tibbs, Bobby	ME19-0365	7/3/2019							133.00	133.00
15											
16											
										Sub Total	**$ 3,705.35**

CREMATION APPROVALS @ $25 X 166
(See separate page for listing)

Current Cases Subtotal	**$ 62,815.00**
Updates of Prior Cases	**3,705.35**
Monthly Assessment	**47,185.99**
Cremation Approvals	**4,150.00**
	$ 117,856.34

Final Death Certificates (attached)

District 8 Medical Examiner
University of Florida College of Medicine
Department of Pathology
P.O. Box 100275
Gainesville, FL 32610

September 2019	Alachua Cremation Log

1 Baker, Gregory Lloyd
2 Hedges, William Depew
3 Morales, Jose E
4 Miller, John Brian
5 King, Roy Warbrick
6 Fleming, Marilyn Hope
7 Campbell, Susan Mary
8 Bond, Kim Alan
9 Wheeler, Denise Hadsock
10 Hallmon, Richard W
11 Strickland, Karen Denise
12 Valerino, Cynthia Lynn
13 Wilmoth, Kenneth George
14 Sullivan, Thomas Jackson
15 Rosenbarger, John Barry
16 Wilson, Margaret Emily
17 Myrick, Gerald Anthony
18 McQuaig, Thelma Lee
19 Campbell, Dagne Lindstrom
20 Dexter, Rose Ellie
21 Cafiero, Lillian J
22 Thompson, Clifford James
23 Morrow, Gwendolyn E
24 Williams, Michael Phillips, Jr.
25 Hampton, Hilary Dawn
26 Mason, William Thomas, Jr.
27 Hahn, Denise A
28 Schmidt, Sarah Delores
29 Meyers, Kenneth Russell
30 Sorrentino, Frank Joseph
31 McFadden, Johnny, Jr.
32 Bland, Melinda Joan
33 Murphy, Cheryl Ann
34 Roman, Claudio
35 Bohannon, Henry Eugene, Jr.
36 Murray, Margaret Gould
37 Dawson, William Gerard
38 Shannon, Nancy Lee Garten
39 Thurman, Rodney Lamar
40 Seaborn, Faith Lanier
41 Anderson, Arnold Christopher
42 Gallois, Andre Norman
43 Quinones, Luis Enrique
44 Heltzel, Franklin D
45 Gentry, James Lynn, Sr.
46 Morris, Reuben, Jr.
47 Crosswhite, Phyllis
48 Mejia-Caceres, Diana Maria
49 Benedict, Eugene Verne, Jr.
50 Williams, John A
51 Rickman, Tony Dwight
52 O'Gorman, Gladeth
53 Kirschner, Thomas R
54 Burnell, Deanna Dee
55 Boyd, Betty Ann
56 Nordquist, Gary Iver
57 Mortensen, Juliana A
58 Priest, Angela Grimes
59 Brandon, Martha Lou
60 Vestal, Mary Fon
61 Roberson, April Diann
62 Mosley, James Alford
63 Myers, Michael
64 Reed, Charles Elton
65 Jenkins, Walter Earl
66 Braddock, Donald Virgil
67 Jackson, Teresa Lynn
68 Podmore, Paulina Frances Hobbs
69 Queen, Roberta Juanita
70 Mcallister, Jennifer K
71 Mitchell, Steven Lamar
72 Moran, Patrick W
73 Clements, John Harper
74 Snell, Shirley Mae
75 Sanders, Michael
76 Burd, Edward Harrison
77 Morrison, Loretta
78 Gergely, Douglas Edward
79 Sullivan, Milton D
80 Hygema, Wayne Olen, Jr.
81 Whaley, Lynnelle A
82 Baggett, William Richard
83 Valdespino, Blas
84 Cannon, Frances
85 Vazquez, Louis M
86 Hayes, Fayth Rosina
87 Fahl, Wolfgang W
88 Hammond, Joanna
89 Cason, Michael Donald
90 Ingham, Ruth Audrey
91 Smith, Frederick C
92 Byington, Barbara Joyce
93 Tomlinson, Emma Lou
94 Willis, Kelly A
95 Laroche, Joseph Albert
96 Kadrovach, Willard J
97 Alexander, Evlyn Mae Decker
98 Demarc, Joann
99 Stucker, Donald Dean
100 Mitchell, George Henry
101 Sims, Arling Lindberg
102 Michaud, Justin A
103 Dees, Eleanor Bearse
104 Frussinetty, Mackenzie Rose
105 Morrison, James Frederic
106 Dellavalle, Cory James
107 Peebles, Sharon Kay
108 Stuckey, Aletha Bell
109 Short, Agustus Caesar
110 Duke, Dolores Perez
111 Boswell, Elijah Lynn, Jr.
112 Thornton, Daryl Leo
113 Cavanaugh, Daniel
114 Ross, Phyliss
115 Feldman, Roger
116 Rudy, Steven
117 Mack, John
118 Heath, Melvin
119 Buxbaum, Marie
120 Alford, Dan
121 Backus, Kristian
122 Wilhite, Janet E
123 Fromholt, Bernard William
124 Pappas, Christ
125 Martinez, Cirilo
126 Hill, George Paul
127 Mulkey, Stephanie Marlene
128 McCabe, Kevin James
129 Blackburn, Herbert M
130 Parker, Barbara Louise
131 Gilbreath, Charles W
132 Madine, Harry Joseph
133 Kephart, Peter Rosborough
134 Swanger, Roger
135 Schenk, Mary
136 Mendoza, Rosalina
137 Rhoades, Barbara E
138 Wiener, Ruth Margaret
139 Boone, Dewey Charles
140 Whiddon, Ina
141 Counts, Michael Andrew
142 Ellis, Kevin Michael
143 Coddington, Carol Jean
144 Parker, Joyce Seeley
145 Carter, Dale Elvin
146 Hawkins, Dallas Dionne
147 Colburn, David Richard
148 Brendel, Frederick, Jr.
149 Gilkey, Pamela S
150 Allen, Shelby Jean
151 Kinloch, Robert W
152 Colson, Evelyn Covington
153 Williams, Carrie Grimes
154 Salcines, Antonio L
155 Beasley, Candice Dione
156 Frachiseur, John, Jr.
157 Arana, Elizabeth Ann
158 Hamer, Susan Agnes
159 Geiger, Linda Sue
160 Cox, Barbara Ann
161 Littles, Catherine Lewis
162 Almeida, Micaela Grace
163 Center, Kenneth Eugene
164 Sealey, Leon Edward
165 Starling, Joyce Bordeau
166 Davis, Dwayne
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DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019143471 **DATE PRINTED: September 3, 2019**

DECEDENT INFORMATION

NAME: DAVID RIDENOUR

DATE OF DEATH: August 31, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HIGHWAY

FACILITY NAME OR STREET ADDRESS: SW WILLISTON ROAD

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32608

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: CREVASSES SIMPLE CREMATION F076160
4127 NW 27TH LANE STE B
GAINESVILLE, FLORIDA 32606

PHONE NUMBER: 3523793779

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: AURELIAN NICOLAESCU

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800502 CERTIFIER'S LICENSE NUMBER: ME85913 DATE CERTIFIED: September 3, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019143544 **DATE PRINTED: September 3, 2019**

DECEDENT INFORMATION

NAME: HELENE LUNGER

DATE OF DEATH: August 31, 2019 SEX: FEMALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: ET YORK HOSPICE CARE CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32653

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: FUNERARIA MEMORIAL PLAN - WESTCHESTER F081148
9800 CORAL WAY
MIAMI, FLORIDA 33165

PHONE NUMBER: 3052273333

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: AURELIAN NICOLAESCU

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800503 CERTIFIER'S LICENSE NUMBER: ME85913 DATE CERTIFIED: September 3, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019143549 **DATE PRINTED: September 3, 2019**

DECEDENT INFORMATION

NAME: FRANCES FROHNAPPLE

DATE OF DEATH: August 31, 2019 SEX: FEMALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: ET YORK HOSPICE CARE CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32608

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: DISTRICT 08 MEDICAL EXAMINER
3217 SW 47TH AVENUE
GAINESVILLE, FLORIDA 32608

PHONE NUMBER: 3522739292

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: AURELIAN NICOLAESCU

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800504 CERTIFIER'S LICENSE NUMBER: ME85913 DATE CERTIFIED:

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019143798 **DATE PRINTED: September 4, 2019**

DECEDENT INFORMATION

NAME: CHARLES PIPKIN

DATE OF DEATH: August 31, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: RESIDENCE

FACILITY NAME OR STREET ADDRESS: 23782 NW 184TH AVENUE

LOCATION OF DEATH: HIGH SPRINGS, ALACHUA COUNTY, 32643

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: CREVASSES SIMPLE CREMATION F076160 PHONE NUMBER: 3523793779
4127 NW 27TH LANE STE B
GAINESVILLE, FLORIDA 32606

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: AURELIAN NICOLAESCU

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800505 CERTIFIER'S LICENSE NUMBER: ME85913 DATE CERTIFIED September 4, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019143590 **DATE PRINTED: September 3, 2019**

DECEDENT INFORMATION

NAME: SARA HENRY

DATE OF DEATH: August 31, 2019 SEX: FEMALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: FERREIRA FUNERAL SERVICES - STARKE F050432
14397 US HWY 301 SOUTH
STARKE, FLORIDA 32091

PHONE NUMBER: 9049845757

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: AURELIAN NICOLAESCU

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800506 CERTIFIER'S LICENSE NUMBER: ME85913 DATE CERTIFIED: September 3, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019143500 **DATE PRINTED: September 3, 2019**

DECEDENT INFORMATION

NAME: AUGUST CABONI

DATE OF DEATH: August 31, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: WILLIAMS-THOMAS FUNERAL HOME INC - GAINESVILLE F991637 PHONE NUMBER: 3523767556

404 NORTH MAIN STREET

GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800507 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 3, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019144000 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: ALICIA CELIA NELSON

DATE OF DEATH: September 1, 2019 SEX: FEMALE SSN: AGE: 075 YEARS

DATE OF BIRTH: September 24, 1943 BIRTHPLACE: NORWAY, MICHIGAN, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: RESIDENCE

FACILITY NAME OR STREET ADDRESS: 10135 SW 52ND ROAD

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32608

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: ROY WEEMS JR

FUNERAL FACILITY: CREVASSES SIMPLE CREMATION F076160 PHONE NUMBER: 3523793779
4127 NW 27TH LANE STE B
GAINESVILLE, FLORIDA 32606

METHOD OF DISPOSITION: CREMATION MEDICAL EXAMINER APPROVAL NUMBER: CR19-2235

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: WENDY ANN STROH

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800509 CERTIFIER'S LICENSE NUMBER: OS5311 DATE CERTIFIED September 5, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019145530 **DATE PRINTED: September 6, 2019**

DECEDENT INFORMATION

NAME: CHRISTIAN NANTZ

DATE OF DEATH: September 4, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: WILLIAMS-THOMAS FUNERAL HOME INC - GAINESVILLE F061637 PHONE NUMBER: 3523767556

404 NORTH MAIN STREET

GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800512 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED September 6, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019145549 **DATE PRINTED: September 6, 2019**

DECEDENT INFORMATION

NAME: MICHAEL BEAN

DATE OF DEATH: September 4, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: RESIDENCE

FACILITY NAME OR STREET ADDRESS: 1109 SE 2ND AVENUE

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32601

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: DISTRICT 08 MEDICAL EXAMINER PHONE NUMBER: 3522739292
3217 SW 47TH AVENUE
GAINESVILLE, FLORIDA 32608

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: WENDY ANN STROH

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800513 CERTIFIER'S LICENSE NUMBER: OS5311 DATE CERTIFIED: September 6, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019146917 **DATE PRINTED: September 9, 2019**

DECEDENT INFORMATION

NAME: DOMINIC FERRO

DATE OF DEATH: September 5, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: RESIDENCE

FACILITY NAME OR STREET ADDRESS: 3550 NW 24TH BOULEVARD, APT. 207

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32605

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: DISTRICT 08 MEDICAL EXAMINER
3217 SW 47TH AVENUE
GAINESVILLE, FLORIDA 32608

PHONE NUMBER: 3522739292

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800514 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 9, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019146982 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: RICHARD JOHN HIGHAM SR

DATE OF DEATH: September 7, 2019 SEX: MALE SSN: AGE: 081 YEARS

DATE OF BIRTH: October 1, 1937 BIRTHPLACE: WARWICK, RHODE ISLAND, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: ET YORK HOSPICE CARE CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32608

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: OTIS G EVANS

FUNERAL FACILITY: RICK GOODING FUNERAL HOME CHIEFLAND LLC F090156 PHONE NUMBER: 3524985400
1301 N YOUNG BLVD
CHIEFLAND, FLORIDA 32626

METHOD OF DISPOSITION: CREMATION MEDICAL EXAMINER APPROVAL NUMBER: CR19-2264

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800516 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED September 10, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019148139 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: RICHARD CHARLES MARSH

DATE OF DEATH: September 7, 2019 SEX: MALE SSN: AGE: 057 YEARS

DATE OF BIRTH: June 10, 1962 BIRTHPLACE: MILWAUKEE, WISCONSIN, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: TERRANCE W SELPH

FUNERAL FACILITY: CREMATIONS ONLY F040008
5200 NEWBERRY ROAD STE D2/3
GAINESVILLE, FLORIDA 32607

PHONE NUMBER: 3523737014

METHOD OF DISPOSITION: CREMATION

MEDICAL EXAMINER APPROVAL NUMBER: CR19-2283

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800518 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 12, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019148153 **DATE PRINTED: September 11, 2019**

DECEDENT INFORMATION

NAME: CASIE RILEY

DATE OF DEATH: September 8, 2019 SEX: FEMALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HIGHWAY

FACILITY NAME OR STREET ADDRESS: US 301, JUST SOUTH OF CR 225

LOCATION OF DEATH: WALDO, ALACHUA COUNTY, 32694

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: JONES-GALLAGHER FUNERAL HOME LLC-KEYSTONE HEIGHTS F047890 PHONE NUMBER: 3524733176

340 E WALKER DR

KEYSTONE HEIGHTS, FLORIDA 32656

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800519 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED September 11, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019148181 **DATE PRINTED: September 11, 2019**

DECEDENT INFORMATION

NAME: JOHN GUSTAFSON

DATE OF DEATH: September 2, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: DISTRICT 08 MEDICAL EXAMINER
3217 SW 47TH AVENUE
GAINESVILLE, FLORIDA 32608

PHONE NUMBER: 3522739292

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800520 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED:

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019148209 **DATE PRINTED: September 11, 2019**

DECEDENT INFORMATION

NAME: **MATTHEW BRYAN**

DATE OF DEATH: **September 9, 2019** SEX: **MALE** SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: **WOODED AREA**

FACILITY NAME OR STREET ADDRESS: **3700 BLOCK OF SW 4TH PLACE**

LOCATION OF DEATH: **GAINESVILLE, ALACHUA COUNTY, 32607**

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: **NOT ENTERED**

FUNERAL FACILITY: **CREMATIONS ONLY F040008**
5200 NEWBERRY ROAD STE D2/3
GAINESVILLE, FLORIDA 32607

PHONE NUMBER: **3523737014**

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: **WILLIAM FRANK HAMILTON**

ATTENDING PHYSICIAN:

ME CASE NUMBER: **190800521** CERTIFIER'S LICENSE NUMBER: **ME38595** DATE CERTIFIED **September 11, 2019**

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019148234 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: WILLIAM SHANKS JR

DATE OF DEATH: September 9, 2019 SEX: MALE SSN: AGE: 057 YEARS

DATE OF BIRTH: April 17, 1962 BIRTHPLACE: LOWELL, MASSACHUSETTS, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HIGHWAY

FACILITY NAME OR STREET ADDRESS: SE 27TH STREET, 100 FEET SOUTH OF SE 15TH AVENUE

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32641

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: STEVEN M. DUNN

FUNERAL FACILITY: FOREST MEADOWS FUNERAL HOME F041788 PHONE NUMBER: 3523782528
725 NW 23RD AVE
GAINESVILLE, FLORIDA 32609

METHOD OF DISPOSITION: CREMATION MEDICAL EXAMINER APPROVAL NUMBER: CR19-2386

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800522 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: October 1, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019148856 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: MELVIN CONNZ STEVENS

DATE OF DEATH: FOUND ON September 10, 2019 SEX: MALE SSN: AGE: 060 YEARS

DATE OF BIRTH: August 3, 1959 BIRTHPLACE: HOUSTON, TEXAS, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: RESIDENCE

FACILITY NAME OR STREET ADDRESS: 13305 NE SR 26

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32641

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: CAITLIN J. HARCLERODE

FUNERAL FACILITY: A CREMATION-AFFORDABLE ALTERNATIVE LLC F091640 PHONE NUMBER: 3527272008
1115 NW 13TH STREET
GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION: CREMATION MEDICAL EXAMINER APPROVAL NUMBER: CR19-2278

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800523 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 12, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019150225 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: JACQUELINE MICHELLE CLARK

DATE OF DEATH: September 11, 2019 SEX: FEMALE SSN: AGE: 035 YEARS

DATE OF BIRTH: November 10, 1983 BIRTHPLACE: DENVILLE, NEW JERSEY, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: NORTH FLORIDA REGIONAL MEDICAL CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32605

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: ANDREW C JORDAN

FUNERAL FACILITY: CREVASSES SIMPLE CREMATION INC F080579 PHONE NUMBER: 3523590086
7651 SW HWY 200 STE 107
OCALA, FLORIDA 34476

METHOD OF DISPOSITION: CREMATION MEDICAL EXAMINER APPROVAL NUMBER: CR19-2312

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800525 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 16, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019149442 **DATE PRINTED: September 13, 2019**

DECEDENT INFORMATION

NAME: ROSANNA HANCOCK

DATE OF DEATH: September 11, 2019 SEX: FEMALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: NORTH FLORIDA REGIONAL MEDICAL CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32605

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: CREMATIONS ONLY F040008
5200 NEWBERRY ROAD STE D2/3
GAINESVILLE, FLORIDA 32607

PHONE NUMBER: 3523737014

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800526 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 13, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019150295 **DATE PRINTED: September 16, 2019**

DECEDENT INFORMATION

NAME: OSBORNE JAMES

DATE OF DEATH: September 12, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: NORTH FLORIDA REGIONAL MEDICAL CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32605

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: FOREST MEADOWS FUNERAL HOME F041788
725 NW 23RD AVE
GAINESVILLE, FLORIDA 32609

PHONE NUMBER: 3523782528

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800527 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 16, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019150613 **DATE PRINTED: September 16, 2019**

DECEDENT INFORMATION

NAME: VICKI GILDER

DATE OF DEATH: September 13, 2019 SEX: FEMALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: FOREST MEADOWS FUNERAL HOME F041788
725 NW 23RD AVE
GAINESVILLE, FLORIDA 32609

PHONE NUMBER: 3523782526

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: WENDY ANN STROH

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800528 CERTIFIER'S LICENSE NUMBER: 085311 DATE CERTIFIED: September 16, 2019

CAUSE OF DEATH AND [illegible]

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019151038 **DATE PRINTED: September 16, 2019**

DECEDENT INFORMATION

NAME: J A LAROCHE

DATE OF DEATH: September 14, 2019 SEX: MALE SSN: AGE:
DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HOSPICE
FACILITY NAME OR STREET ADDRESS: ET YORK HOSPICE CARE CENTER
LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32608

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED
FUNERAL FACILITY: CREVASSES SIMPLE CREMATION F076160
4127 NW 27TH LANE STE B
GAINESVILLE, FLORIDA 32606
PHONE NUMBER: 3523793779
METHOD OF DISPOSITION:
MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: WENDY ANN STROH
ATTENDING PHYSICIAN:
ME CASE NUMBER: 190800529 CERTIFIER'S LICENSE NUMBER: OS5311 DATE CERTIFIED: September 16, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019151429 **DATE PRINTED: September 17, 2019**

DECEDENT INFORMATION

NAME: **JAMIE BAXTER**

DATE OF DEATH: **September 14, 2019** SEX: **MALE** SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: **APARTMENT**

FACILITY NAME OR STREET ADDRESS: **409 NE 11TH STREET, APT. 4**

LOCATION OF DEATH: **GAINESVILLE, ALACHUA COUNTY, 32601**

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: **NOT ENTERED**

FUNERAL FACILITY: **PHILLIP AND WILEY MORTUARY INC F306540**
310 STATE ROAD 26
MELROSE, FLORIDA 32666

PHONE NUMBER: **3524752000**

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: **WENDY ANN STROH**

ATTENDING PHYSICIAN:

ME CASE NUMBER: **190800530** CERTIFIER'S LICENSE NUMBER: **OS5311** DATE CERTIFIED: **September 17, 2019**

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019152353 **DATE PRINTED: September 18, 2019**

DECEDENT INFORMATION

NAME: HEATHER MILLS

DATE OF DEATH: September 15, 2019 SEX: FEMALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: WATTS FUNERAL HOME AND CREMATION CENTER INC F041894 PHONE NUMBER: 3863281414

720 S US HWY 17

SAN MATEO, FLORIDA 32187

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: WENDY ANN STROH

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800532 CERTIFIER'S LICENSE NUMBER: OS5311 DATE CERTIFIED: September 18, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019152356 **DATE PRINTED: September 18, 2019**

DECEDENT INFORMATION

NAME: RICHARD WILLIAMSON

DATE OF DEATH: September 15, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: RESIDENCE

FACILITY NAME OR STREET ADDRESS: 2420 NE 64TH TERRACE

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32609

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: A DIRECT CREMATIONS - GAINESVILLE F052855 PHONE NUMBER: 3523380500
3131 NW 13TH STREET SUITE 1
GAINESVILLE, FLORIDA 32609

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: WENDY ANN STROH

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800533 CERTIFIER'S LICENSE NUMBER: OS5311 DATE CERTIFIED September 18, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019151096 **DATE PRINTED: September 19, 2019**

DECEDENT INFORMATION

NAME: TIMOTHY ALLEN GREEN

DATE OF DEATH: FOUND ON September 15, 2019 SEX: MALE SSN: AGE: 026 YEARS

DATE OF BIRTH: March 30, 1993 BIRTHPLACE: GAINESVILLE, FLORIDA, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 24202 NW 142ND AVE

LOCATION OF DEATH: HIGH SPRINGS, ALACHUA COUNTY, 32643

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: CAITLIN J. HARCLERODE

FUNERAL FACILITY: A CREMATION-AFFORDABLE ALTERNATIVE LLC F091840 PHONE NUMBER: 3527272008
1115 NW 13TH STREET
GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION: CREMATION MEDICAL EXAMINER APPROVAL NUMBER: CR19-2314

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800535 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 19, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019152994 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: EUGENE VERSHARD MILES

DATE OF DEATH: September 17, 2019 SEX: MALE SSN: AGE: 030 YEARS

DATE OF BIRTH: November 13, 1988 BIRTHPLACE: GAINESVILLE, FLORIDA, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: FENCE LINE

FACILITY NAME OR STREET ADDRESS: 1725 SW 40TH TERRACE - EAST OF BUILDING

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32607

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: JANE B. ROY

FUNERAL FACILITY: PHILLIP AND WILEY MORTUARY INC F306540 PHONE NUMBER: 3524752000
310 STATE ROAD 26
MELROSE, FLORIDA 32666

METHOD OF DISPOSITION: BURIAL MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800536 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 24, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019152404 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: TERRELL YVONNE ALLEN

DATE OF DEATH: September 17, 2019 SEX: FEMALE SSN: AGE: 073 YEARS

DATE OF BIRTH: November 1, 1945 BIRTHPLACE: ORLANDO, FLORIDA, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: APARTMENT

FACILITY NAME OR STREET ADDRESS: 1602 SE 39TH TERRACE, #5

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32641

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: JULIE B HENDERSON

FUNERAL FACILITY: CREVASSES SIMPLE CREMATION F076160
4127 NW 27TH LANE STE B
GAINESVILLE, FLORIDA 32606

PHONE NUMBER: 3523793779

METHOD OF DISPOSITION: CREMATION

MEDICAL EXAMINER APPROVAL NUMBER: CR19-2387

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800537 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED September 25, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019152514 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: TERAN CORNETT COBBLER

DATE OF DEATH: September 17, 2019 SEX: FEMALE SSN: AGE: 058 YEARS

DATE OF BIRTH: November 20, 1960 BIRTHPLACE: GAINESVILLE, FLORIDA, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: ALAN H DEAN

FUNERAL FACILITY: WILLIAMS-THOMAS FUNERAL HOME INC - GAINESVILLE F091437 PHONE NUMBER: 3523767558

404 NORTH MAIN STREET

GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION: CREMATION MEDICAL EXAMINER APPROVAL NUMBER: CR19-2361

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800538 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 18, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019154303 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: DEBRA JEAN LILY

DATE OF DEATH: September 19, 2019 SEX: FEMALE SSN: AGE: 058 YEARS

DATE OF BIRTH: October 9, 1960 BIRTHPLACE: JASPER, FLORIDA, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: NORTH FLORIDA REGIONAL MEDICAL CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32605

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: ERIC A. BROWN

FUNERAL FACILITY: ERIC A BROWN & SON FUNERAL HOME INC F053089 PHONE NUMBER: 3867921711
1221 SW 3RD ST
JASPER, FLORIDA 32052

METHOD OF DISPOSITION: BURIAL MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800541 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 27, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019154626 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: MICHAEL CRAIG DUDLEY

DATE OF DEATH: FOUND ON September 16, 2019 SEX: MALE SSN: AGE: 061 YEARS

DATE OF BIRTH: October 6, 1957 BIRTHPLACE: MIAMI, FLORIDA, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: RESIDENCE

FACILITY NAME OR STREET ADDRESS: 4700 SW ARCHER ROAD, APT. S128

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32608

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: STEVEN M. DUNN

FUNERAL FACILITY: FOREST MEADOWS FUNERAL HOME F041788 PHONE NUMBER: 3523782528
725 NW 23RD AVE
GAINESVILLE, FLORIDA 32609

METHOD OF DISPOSITION: CREMATION MEDICAL EXAMINER APPROVAL NUMBER: CR19-2372

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800542 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED September 24, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019154656 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: JORDAN SCOTT SUAREZ

DATE OF DEATH: September 19, 2019 SEX: MALE SSN: AGE: 021 YEARS

DATE OF BIRTH: January 22, 1998 BIRTHPLACE: MINEOLA, NEW YORK, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HIGHWAY

FACILITY NAME OR STREET ADDRESS: US 301 @ NE 177TH PLACE

LOCATION OF DEATH: WALDO, ALACHUA COUNTY, 32694

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: KELLI MORELAND

FUNERAL FACILITY: JONES-GALLAGHER FUNERAL HOME LLC-STARKE F047902 PHONE NUMBER: 9049646200
620 E NONA ST
STARKE, FLORIDA 32091

METHOD OF DISPOSITION: CREMATION MEDICAL EXAMINER APPROVAL NUMBER: CR19-2358

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN.

ME CASE NUMBER: 190800543 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: October 1, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019154694 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: RICHARD LINCOLN KISSAL JR

DATE OF DEATH: September 19, 2019 SEX: MALE SSN: AGE: 067 YEARS

DATE OF BIRTH: October 8, 1951 BIRTHPLACE: WASHINGTON, DISTRICT OF COLUMBIA, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HIGHWAY

FACILITY NAME OR STREET ADDRESS: US HIGHWAY 301 @ NE 177TH PLACE

LOCATION OF DEATH: WALDO, ALACHUA COUNTY, 32694

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: CHARLES D SEGAL

FUNERAL FACILITY: SEGAL FUNERAL HOME F039921 PHONE NUMBER: 8138743330
3909 HENDERSON BLVD.
TAMPA, FLORIDA 33629

METHOD OF DISPOSITION: CREMATION MEDICAL EXAMINER APPROVAL NUMBER: CR19-2385

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800544 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED October 1, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019155189 **DATE PRINTED: September 25, 2019**

DECEDENT INFORMATION

NAME: KEVIN VINCENT WALKER

DATE OF DEATH: September 20, 2019 SEX: MALE SSN: AGE: 033 YEARS

DATE OF BIRTH: October 17, 1985 BIRTHPLACE: LOUISVILLE, KENTUCKY, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: COLLEGE CAMPUS

FACILITY NAME OR STREET ADDRESS: 3000 NW 83RD STREET

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32606

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: RICHARD J. CUDDY

FUNERAL FACILITY: BALDWIN BROTHERS - WILDWOOD F075036 PHONE NUMBER: 3524301449
3990 E SR 44 STE 105
WILDWOOD, FLORIDA 34785

METHOD OF DISPOSITION: CREMATION MEDICAL EXAMINER APPROVAL NUMBER: CR19-2376

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800545 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 25, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019154937 **DATE PRINTED: September 23, 2019**

DECEDENT INFORMATION

NAME: GEORGE CANTER

DATE OF DEATH: September 19, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: NORTH FLORIDA REGIONAL MEDICAL CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32605

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: A CREMATION-AFFORDABLE ALTERNATIVE LLC F091649 PHONE NUMBER: 3527272008
1115 NW 13TH STREET
GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800546 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 23, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019154278 **DATE PRINTED: September 23, 2019**

DECEDENT INFORMATION

NAME: RONALD BUCKWALTER

DATE OF DEATH: September 21, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: ET YORK HOSPICE CARE CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32606

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: CREMATIONS ONLY F040008
5200 NEWBERRY ROAD STE D2/3
GAINESVILLE, FLORIDA 32607

PHONE NUMBER: 3523737014

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800547 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 23, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019155287 **DATE PRINTED: September 24, 2019**

DECEDENT INFORMATION

NAME: JANICE SMITH

DATE OF DEATH: September 21, 2019 SEX: FEMALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: NORTH FLORIDA REGIONAL MEDICAL CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32605

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: WILLIAMS-THOMAS FUNERAL HOME INC - GAINESVILLE F061837 PHONE NUMBER: 3523767556

404 NORTH MAIN STREET

GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800549 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 24, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019154894 **DATE PRINTED: September 23, 2019**

DECEDENT INFORMATION

NAME: CODY LINNE

DATE OF DEATH: September 21, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HIGHWAY

FACILITY NAME OR STREET ADDRESS: SE HAWTHORNE ROAD & SE 60TH TERRACE

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 99999

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: MILAM FUNERAL HOME - GAINESVILLE F040208 PHONE NUMBER: 3523765361
311 S MAIN ST
GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800550 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 23, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019156233 **DATE PRINTED: September 25, 2019**

DECEDENT INFORMATION

NAME: CAROL JEAN VANN

DATE OF DEATH: September 22, 2019 SEX: FEMALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: DANIELS FUNERAL HOMES AND CREMATORY INC - LIVE OAK F050169 PHONE NUMBER: 3863624333

1126 OHIO AVE N

LIVE OAK, FLORIDA 32064

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800554 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED September 25, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019156258 **DATE PRINTED: September 25, 2019**

DECEDENT INFORMATION

NAME: LINDA GAUDIA

DATE OF DEATH: September 23, 2019 SEX: FEMALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: RURAL ROADWAY

FACILITY NAME OR STREET ADDRESS: 3999 PARKER ROAD

LOCATION OF DEATH: ARCHER, ALACHUA COUNTY, 32618

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: DISTRICT 08 MEDICAL EXAMINER
3217 SW 47TH AVENUE
GAINESVILLE, FLORIDA 32608

PHONE NUMBER: 3522739292

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800555 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED:

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019156260 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: **STEVE ROBERT GAUDIA**

DATE OF DEATH: **September 23, 2019** SEX: **MALE** SSN: AGE: **062 YEARS**

DATE OF BIRTH: **January 30, 1957** BIRTHPLACE: **NEW YORK, NEW YORK, UNITED STATES**

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: **RURAL ROADWAY**

FACILITY NAME OR STREET ADDRESS: **3999 PARKER ROAD**

LOCATION OF DEATH: **ARCHER, ALACHUA COUNTY, 32618**

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: **TERRANCE W SELPH**

FUNERAL FACILITY: **CREMATIONS ONLY F040008**
5200 NEWBERRY ROAD STE 02/3
GAINESVILLE, FLORIDA 32607

PHONE NUMBER: **3523737014**

METHOD OF DISPOSITION: **CREMATION**

MEDICAL EXAMINER APPROVAL NUMBER: **CR19-2446**

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: **WILLIAM FRANK HAMILTON**

ATTENDING PHYSICIAN:

ME CASE NUMBER: **190800556** CERTIFIER'S LICENSE NUMBER: **ME38595** DATE CERTIFIED **October 3, 2019**

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019155369 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: JANET ANN MADDEN

DATE OF DEATH: September 23, 2019 SEX: FEMALE SSN: AGE: 081 YEARS

DATE OF BIRTH: July 21, 1938 BIRTHPLACE: FREEDOM, PENNSYLVANIA, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: LARRY K DANIEL JR

FUNERAL FACILITY: DANIELS FUNERAL HOMES AND CREMATORY INC - BRANFORD FD46449 PHONE NUMBER: 3869351124

408 SUWANNEE AVE

BRANFORD, FLORIDA 32008

METHOD OF DISPOSITION: CREMATION MEDICAL EXAMINER APPROVAL NUMBER: CR19-2379

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800557 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 24, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019156286 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: TIMOTHY DENARD JOHNSON JR

DATE OF DEATH: September 24, 2019 SEX: MALE SSN: AGE: 029 YEARS

DATE OF BIRTH: October 18, 1989 BIRTHPLACE: GAINESVILLE, FLORIDA, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: NORTH FLORIDA REGIONAL MEDICAL CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32605

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: GEORGE L PINKNEY

FUNERAL FACILITY: PINKNEY-SMITH FUNERAL HOME - GAINESVILLE F039974 PHONE NUMBER: 3523768686

727 NW 2ND ST

GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION: BURIAL MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800558 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: October 3, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019156533 **DATE PRINTED: September 26, 2019**

DECEDENT INFORMATION

NAME: LEONARDO STRICKLAND

DATE OF DEATH: September 24, 2019 SEX: MALE SSN: AGE:
DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: RESIDENCE
FACILITY NAME OR STREET ADDRESS: 1421 NW 51ST TERRACE
LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32605

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED
FUNERAL FACILITY: PHILLIP AND WILEY MORTUARY INC F306540 PHONE NUMBER: 3524752000
310 STATE ROAD 26
MELROSE, FLORIDA 32666
METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON
ATTENDING PHYSICIAN:
ME CASE NUMBER: 190800559 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 26, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019156868 **DATE PRINTED: September 26, 2019**

DECEDENT INFORMATION

NAME: ORJAN WETTERQVIST

DATE OF DEATH: September 25, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: ET YORK HOSPICE CARE CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32606

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: PHILLIP AND WILEY MORTUARY INC F306540 PHONE NUMBER: 3524752000
310 STATE ROAD 26
MELROSE, FLORIDA 32666

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800561 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 26, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019159191 **DATE PRINTED: October 1, 2019**

DECEDENT INFORMATION

NAME: CHRISTIAN KOMOROWSKI

DATE OF DEATH: September 26, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: FOREST MEADOWS FUNERAL HOME F041788
725 NW 23RD AVE
GAINESVILLE, FLORIDA 32609

PHONE NUMBER: 3523782528

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800563 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: October 1, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019158884 **DATE PRINTED: October 8, 2019**

DECEDENT INFORMATION

NAME: MILES N FRANCIS JR

DATE OF DEATH: September 28, 2019 SEX: MALE SSN: AGE: 078 YEARS

DATE OF BIRTH: March 14, 1941 BIRTHPLACE: ROANOKE, VIRGINIA, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: RESIDENCE

FACILITY NAME OR STREET ADDRESS: 8110 NW 25TH LANE

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32606

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: ASHLEY L. MILAM

FUNERAL FACILITY: MILAM FUNERAL HOME - GAINESVILLE F040208
311 S MAIN ST
GAINESVILLE, FLORIDA 32601

PHONE NUMBER: 3523765361

METHOD OF DISPOSITION: CREMATION

MEDICAL EXAMINER APPROVAL NUMBER: CR19-2424

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800566 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: September 30, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019158304 **DATE PRINTED: September 30, 2019**

DECEDENT INFORMATION

NAME: JONATHAN MORRIS

DATE OF DEATH: September 29, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: RESIDENCE

FACILITY NAME OR STREET ADDRESS: 1209 SW 75TH DRIVE

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32607

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: DISTRICT 08 MEDICAL EXAMINER
3217 SW 47TH AVENUE
GAINESVILLE, FLORIDA 32608

PHONE NUMBER: 3522739292

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: AURELIAN NICOLAESCU

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800568 CERTIFIER'S LICENSE NUMBER: ME85913 DATE CERTIFIED

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019159310 **DATE PRINTED: October 1, 2019**

DECEDENT INFORMATION

NAME: STEPHEN RIVAS

DATE OF DEATH: September 29, 2019 SEX: MALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: MOTEL

FACILITY NAME OR STREET ADDRESS: 920 NW 69TH TERRACE - #222

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32605

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: DISTRICT 08 MEDICAL EXAMINER
3217 SW 47TH AVENUE
GAINESVILLE, FLORIDA 32608

PHONE NUMBER: 3522739292

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800569 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED:

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019159212 **DATE PRINTED: October 1, 2019**

DECEDENT INFORMATION

NAME: BRYANNA THOMAS

DATE OF DEATH: September 29, 2019 SEX: FEMALE SSN: AGE:

DATE OF BIRTH: BIRTHPLACE:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: JOHNSON-OVERTURF FUNERAL HOME - INTERLACHEN F040570 PHONE NUMBER: 3863254521

1230 HIGHWAY 20 WEST

INTERLACHEN, FLORIDA 32148

METHOD OF DISPOSITION: MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800570 CERTIFIER'S LICENSE NUMBER: ME38595 DATE CERTIFIED: October 1, 2019

Alachua
ME19-0274
DOD 5/16/2019

Invoice

UF Health Pathology Laboratories
4800 SW 35th Drive
Gainesville, FL 32608

Date	Invoice #
10/2/2019	DRL0001533

Bill To

MEDICAL EXAMINER-AUTOPSY
606 S.W. 3rd Avenue
Gainesville, FL. 32601

Please make checks payable to:
FCPA
Vendor Acct-Department of Pathology
Attn: Trista Knoll
1329 SW 16th Street, Room 4230
Gainesville, FL 32608-1128

Accession#	CPT	Description	Service Date	Rate	Qty	Modifier	TX	Amount
PT: Santiago, Alex PA19-00089 Dr. Jesse Kresak	Autopsy-Neuro	Autopsy, Neuropathology	6/21/2019	500.00	1			500.00

If you have any questions, please contact Stephanie McRae-Robinson @ (352) 265-7797.

Total $500.00

Alachua
ME19-0280
DOD 5/21/2019

Invoice

UF Health Pathology Laboratories
4800 SW 35th Drive
Gainesville, FL 32608

Date	Invoice #
10/2/2019	DRL0001534

Bill To

MEDICAL EXAMINER-AUTOPSY
606 S.W. 3rd Avenue
Gainesville, FL. 32601

Please make checks payable to:
FCPA
Vendor Acct-Department of Pathology
Attn: Trista Knoll
1329 SW 16th Street, Room 4230
Gainesville, FL 32608-1128

Accession#	CPT	Description	Service Date	Rate	Qty	Modifier	TX	Amount
PT: Smith, Leland PA19-00090 Dr. Jesse Kresak	Autopsy-Neuro	Autopsy, Neuropathology	6/21/2019	500.00	1			500.00

If you have any questions, please contact Stephanie McRae-Robinson @ (352) 265-7797.

Total $500.00

UF Health Pathology Laboratories
4800 SW 35th Drive
Gainesville, FL 32608

Alachua
ME19-0304
DOD 5/31/2019

Invoice

Date	Invoice #
10/2/2019	DRL0001535

Bill To

MEDICAL EXAMINER-AUTOPSY
606 S.W. 3rd Avenue
Gainesville, FL. 32601

Please make checks payable to:
FCPA
Vendor Acct-Department of Pathology
Attn: Trista Knoll
1329 SW 16th Street, Room 4230
Gainesville, FL 32608-1128

Accession#	CPT	Description	Service Date	Rate	Qty	Modifier	TX	Amount
PT: Nowell, Logun PA19-00091 Dr. Jesse Kresak	Autopsy-Neuro	Autopsy, Neuropathology	6/21/2019	500.00	1			500.00

If you have any questions, please contact Stephanie McRae-Robinson @ (352) 265-7797.

Total $500.00

UF Health Pathology Laboratories
4800 SW 35th Drive
Gainesville, FL 32608

Alachua
ME19-0325
DOD 6/13/2019

Invoice

Date	Invoice #
10/2/2019	DRL0001536

Bill To

MEDICAL EXAMINER-AUTOPSY
606 S.W. 3rd Avenue
Gainesville, FL. 32601

Please make checks payable to:
FCPA
Vendor Acct-Department of Pathology
Attn: Trista Knoll
1329 SW 16th Street, Room 4230
Gainesville, FL 32608-1128

Accession#	CPT	Description	Service Date	Rate	Qty	Modifier	TX	Amount
PT: Taylor, Cody PA19-00092 Dr. Jesse Kresak	Autopsy-Neuro	Autopsy, Neuropathology	6/21/2019	500.00	1			500.00

If you have any questions, please contact Stephanie McRae-Robinson @ (352) 265-7797

Total $500.00

UF Health Pathology Laboratories
4800 SW 35th Drive
Gainesville, FL 32608

Alachua
ME19-0365
DOD 7/03/2019

Invoice

Date	Invoice #
10/2/2019	DRL0001537

Bill To

MEDICAL EXAMINER-AUTOPSY
606 S.W. 3rd Avenue
Gainesville, FL. 32601

Please make checks payable to:
FCPA
Vendor Acct-Department of Pathology
Attn: Trista Knoll
1329 SW 16th Street, Room 4230
Gainesville, FL 32608-1128

Accession#	CPT	Description	Service Date	Rate	Qty	Modifier	TX	Amount
PT: Tibbs, Bobby Rashad PA19-00094 Dr. Jesse Kresak	Autopsy-Neuro	Autopsy, Neuropathology	7/11/2019	500.00	1			500.00

If you have any questions, please contact Stephanie McRae-Robinson @ (352) 265-7797.

Total $500.00

UFHealth

Guarantor ID #820000226

VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS

CARD NUMBER:	SECURITY CODE:
SIGNATURE:	EXPIRATION DATE.

SHOW AMOUNT PAID HERE $ _____

Statement Date: 09/19/19

Customer: Institutional Gnv Medical Examiner's Office 3217 SW 47th Ave GAINSVILLE FL 32608	Guarantor ID#	Invoice #	New Charges	Total Due
	820000226	9164638	$711.06	$711.06

For questions regarding your invoice, please call:
Rocky Point Lab Billing
(352) 627-2230 or (352) 627-2273
Monday-Friday 7:30AM- 3:30PM EST

Make checks payable to:
UF Health
Attn: PB Cash Department
4024 NW 22nd Drive
Gainesville, FL 32605

Please detach and return top portion with payment.

Previous Balances:

Account #	Date	Amount

New Charges Detail

Svc Date	EAP Code	RevCd	CPT	Description	Qty	Chg Amt	Disc Amt
HAR Account ID #2004038956 - Institutional Gnv Medical Examiner's Office							
Outpatient 08/01/19 - 08/31/19						**Account Total: $711.06**	
Patient: Diep,Samuel (MRN: 02914995)							
08/25/2019	37500601	0306	87040	CULTURE BLOOD	1	$11.47	$3.67
08/25/2019	37500608	0306	87077	CULTURE BACTERIAL AEROBIC EA ISOL	1	$8.97	$2.87
08/25/2019	37500608	0306	87077	CULTURE BACTERIAL AEROBIC EA ISOL	1	$8.97	$2.87
08/25/2019	37500608	0306	87077	CULTURE BACTERIAL AEROBIC EA ISOL	1	$8.97	$2.87
08/25/2019	37500608	0306	87077	CULTURE BACTERIAL AEROBIC EA ISOL	1	$8.97	$2.87
08/25/2019	37500630	0306	87205	BUFFY COAT GRAM STAIN STUDY	1	$4.75	$1.52
08/25/2019	37520567	0306	87070	CULT CSF/GRAM STAIN	1	$9.57	$3.06
08/25/2019	37560456	0306	87633	RESP PANEL PCR	1	$463.09	$148.19
08/25/2019	37560457	0306	87798	RESP PCR B PERTUSSIS	1	$38.99	$12.48
08/25/2019	37560459	0306	87486	CHLAMYDIA PNEUMONIAE	1	$38.99	$12.48
08/25/2019	37560460	0306	87581	MYCOPLASMA PNEUMONIAE AMP PROBE	1	$38.99	$12.48
				Total charges		**$641.73**	**$205.35**

ME19-0486 - Alachua
DOD 8/24/2019

CUSTOMER/GUARANTOR NAME	PATIENT NAME	INVOICE #	GUARANTOR ID #
Institutional Gnv Medical Examiner's Office	SEE LISTED DETAILS	9164638	820000226

New Charges Total

Account #	Date	Amount
2004038956 - Gnv Medical Examiner's Office,Institutional	08/01/19-08/31/19	$711.06
Total New Charges		**$711.06**

PLEASE REFER TO GUARANTOR NUMBER ON ALL INQUIRIES AND CORRESPONDENCE **Guarantor ID: 820000226** **Invoice # 9164638**	**To pay your billing statements with a Credit-card:** Call the UF Health Customer Service Department at 352-265-7906 OR Use MyUFHealth to pay your bill online https://mychart.shands.org/mychartprd/billing/guestpay/payasguest

Previous Charges:	**$0.00**
New Charges:	**$711.06**
Payments/Adjustments:	**$0.00**
Total Account Balance:	**$711.06**

Shands Medical Laboratories

OO0001

Encounter/Account # _____

Send To:
☐ *Shands Medical Laboratories at Rocky Point*
4800 SW 35th Drive • Gainesville, FL 32608
Phone: (352) 265-0522 • Fax (352) 265-9910

☐ *Shands at the University of Florida*
1600 SW Archer Road • PO Box 100344 • Gainesville, FL 32610-0344
Phone: (352) 265-0412 • Fax (352) 265-0328

CL **District Eight Medical Examiner**
3217 SW 47th Ave.
Gainesville, Fl. 32608

MEDICAL EXAMINER'S OFFICE
PH. 352-273-9292 FAX 352-273-9288
( ) WILLIAM HAMILTON MD., (X) WENDY STROH DO, ( ) AURELIAN NICOLAESCU MD,
( ) OTHER_____

ATTENDING PHYSICIAN NAME WITH # _____

REFERRING PHYSICIAN SIGNATURE _____

PATIENT INFORMATION

PT LAST NAME: Diep	FIRST: Samuel MI:
MEDICAL RECORD #: District 8 ME's	
ADDRESS: 3217 SW 47TH AVE	BIRTHDATE: 05/15/2019 SEX: X M ☐ F
CITY: Gainesville	PT SSN
STATE: FL ZIP: 32608	HOME PHONE
EMPLOYER	WORK PHONE
WORK ADDRESS	CITY STATE ZIP
PT LOCATION / CLINIC	

INSURANCE BILLING INFORMATION *(PLEASE PRINT IN BLACK INK)*

PRIMARY: ☐ Medicare ☐ Medicaid ☐ Other Ins. ☐ Self ☐ Spouse ☐ Dependent

SUBSCRIBER LAST NAME	FIRST	MI
BENEFICIARY/ MEMBER #	GROUP #	
CLAIMS ADDRESS	CITY STATE	ZIP

SECONDARY: ☐ Medicare ☐ Medicaid ☐ Other Ins. ☐ Self ☐ Spouse ☐ Dependent

SUBSCRIBER LAST NAME	FIRST	MI
BENEFICIARY/ MEMBER #	GROUP #	
CLAIMS ADDRESS	CITY STATE	ZIP

COLLECTION REPORTING INFORMATION

☐ FAX results to ☐ CALL results to ☐ COPY to

Date Collected: 8-25-19 ☐ Non-Fasting ☐ Fasting (8hrs) Time Collected ☐ AM ☐ PM

For Lab Use Only
☐ Signed ABN Obtained
☐ Venipuncture Draw Fee

☐ STAT

Place Label Here

Phlebotomist Initials

PHYSICIAN NOTICE When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory to (1) submit ICD-9 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have

ICD-9 Code(s) Diagnosis: 1) _____ 2) _____ 3) _____

SIGNS AND SYMPTOMS:

Diep, Samuel
MRN: 02914995
19GL237M00213
TORY
Serum (... Screening Box)

Diep, Samuel
MRN: 02914995
19GL237M00214
6

Diep, Samuel
MRN: 02914995
19GL237M00215
Container ID: 219726328

ORGAN / DISEASE PANELS

- ☐ Basic Metabolic Panel *(Na, K, Cl, CO_2, Gluc, BUN, Creat, Ca)*
- ☐ Comp. Metabolic Panel *(Na, K, Cl, CO_2, Gluc, BUN, Creat, Ca, Alb, TBili, APhos, TP, AST, ALT)*
- ☐ Electrolyte Panel *(Na, K, Cl, CO_2)*
- ☐ Hepatic Function Panel *(Alb, TBili, DBili, APhos, TP, AST, ALT)*
- ☐ Lipid Panel (80061) *(Chol, Trig, HDL, calc. LDL)*
- ☐ Acute Hepatitis Panel (80074) *(HAAb (IgM), HBcAB (IgM), HBsAG, HCAb)*
- ☐ Renal Function Panel *(Na, K, Cl, CO_2, Gluc, BUN, Creat, Ca, Alb, PO$_4$)*
- ☐ Obstetric Panel *(CBC a/plt & diff. 85025, HBSAg 87340, Rubella, RPR 86592, Blood Type, Antibody screen)*

MEDICARE SCREENING (ABN REQUIRED)

- ☐ Cardiovascular Screen *(Includes: Cholesterol, Triglycerides and HDL Freq., Covered every 5 years (ABN Required)*
  Dx – Requires one (1) of the Dx listed below:
  - ☐ V81.0 Screening for Ischemic Heart Disease
  - ☐ V81.1 Screening for Hypertension
  - ☐ V81.2 Screening for Unspecified Cardio. Conditions
- ☐ Diabetic Screen *(Check one below)*
  - ☐ Fasting glucose and 2hr post-glucose
  - ☐ Glucose Tol. Test (3 spec. incl. fasting)

  Freq. – Individ. w/pre-diabetes – Twice yearly; Individ. w/o diag. pre-diabetes – Once yearly
  ☐ Dx – V77.1 Screening for Diabetes Mellitus
- ☐ Occult Blood Screen *(1-3 specimens)* *Freq. – Covered Annually (ABN Required)* Dx – No Specific Diagnosis Requirement
- ☐ PSA Screen (G0103) *Freq. – Covered Annually (ABN Required)*
  ☐ Dx – V76.44 Scrn. for Malig. Neoplas., Prostate

GENERAL LABORATORY

- ☐ ABO & Rh
- ☐ AFP (Alpha Fetoprotein) (82105)
- ☐ AFP Quad Screen
- ☐ Amylase

GENERAL LABORATORY

- ☐ ANA *(titer if indicated)*
- ☐ Bilirubin, Direct
- ☐ Bilirubin, Neonatal
- ☐ Bilirubin, Total
- ☐ BNP (B-type Natriuetic Peptide) (83880)
- ☐ CA 125 (86304)
- ☐ CA 19-9 (86301)
- ☐ CA 27-29 (86300)
- ☐ Calcium (82310)
- ☐ Carbamazepine (Tegretol)
- ☐ Carbon Dioxide (CO_2)
- ☐ CBC *(w/PLT & Differential)* (85025)
- ☐ CBC *(Hemogram w/o Differential)* (85027)
- ☐ CCP Antibody
- ☐ CEA (82378)
- ☐ Cholesterol (82465)
- ☐ CK (CPK)
- ☐ CRP (High Sensitivity)
- ☐ Digoxin (Lanoxin) (80162)
- ☐ Dilantin (Phenytoin)
- ☐ Ferritin (82728)
- ☐ Folate, Serum
- ☐ GGT (82977)
- ☐ Glucose, Serum (82947)
- ☐ Glucose Tolerance _____ hrs
- ☐ H. Pylori Ab, IgG (Serum)
- ☐ HCG, Qual.
- ☐ HCG, Quant. (84702)
- ☐ HDL (83718)
- ☐ Hepatitis A Virus, IGM Ab
- ☐ Hepatitis B Core Ab
- ☐ Hepatitis B Surface Ab (86706)
- ☐ Hepatitis B Surface Ag (w/conf. if positive) (87340)
- ☐ Hepatitis C Antibody (w/conf. if positive) (86803)
- ☐ Hgb A1C (glycohemaglobin) (83036)
- ☐ HIV-1/HIV-2 Ab (w/conf.) (86703**)
- ☐ Homocystine (Serum) (83090)
- ☐ Insulin
- ☐ Iron (83540)
- ☐ Iron TIBC% (83540, 84466)
- ☐ LDL, Direct
- ☐ Lipase
- ☐ Luteinizing Hormone (LH)
- ☐ Magnesium (83735)
- ☐ Mono Test
- ☐ Occult Blood Screen (see medicare screening box)
- ☐ Occult Blood Diagnostic (82272)
- ☐ Phosphorus (84100)
- ☐ Potassium

- ☐ Pr
- ☐ PS
- ☐ PSA, Diagnostic (84153)
- ☐ PT/INR (85610)
- ☐ PTH Level (83970)
- ☐ PTT (85730)
- ☐ Retic Count
- ☐ Rheumatoid Arthritis (RA), quant.
- ☐ RPR *(w/confirmation if indicated)* (86592)
- ☐ Sed Rate (ESR) (85652)
- ☐ Sickle Cell ☐ HGB Electrophoresis
- ☐ T3, Total (84479)
- ☐ T4, Free (Free Thyroxine) (84439)
- ☐ Transferrin (84466)
- ☐ Triglycerides (84478)
- ☐ TSH *(Ultrasensitive)* (84443)
- ☐ Uric Acid
- ☐ Valproic Acid
- ☐ Vitamin B12
- ☐ Vitamin D (82306)

MICROBIOLOGY

(Culture ID & Sensitivity if indicated)

Collection Date _____ Time _____

- ☐ Culture, AFB sputum w/smear
- ☐ Culture, AFB other w/smear
- ☐ Culture, Body Fluid w/gram stain

Source / Site (1) CSF

- ☐ Culture, Fungus
- ☐ Culture, GC ☐ Vag ☐ Cervix
- ☐ Culture, Genital ☐ Vag ☐ Cervix

- ☐ Culture, Group B Strep ☐ Vag ☐ Rectal
- ☐ Culture, Herpes
- ☐ Culture, Sputum w/ gram stain
- ☐ Culture, Sputum w/ gram stain, CF Patient
- ☐ Culture, Stool (w/Campy, Sal/Shig, E. Coli, and Yersinia)
- ☐ Beta-Strep Screen, Throat
- ☐ Culture, Urine (87086 & 87088) ☐ Clean Catch ☐ Cath
- ☐ Culture, Wound (87070)
- ☐ Culture, Anaerobic w/gram Source / Site _____
- ☐ Chlamydia Probe
- ☐ Chlamydia / GC Probe Source / Site Blood Culture *
- ☐ Gram Stain *(only)* (2) Nose

STOOL (FECAL)

- ☐ C-Difficile
- ☐ Giardia Ag
- ☐ H. Pylori Ag
- ☐ Ova & Parasite
- ☐ ROTAG
- ☐ Lactoferrin
- ☐ Shiga Toxin

URINE

- ☐ Creatinine Clearance
- ☐ Microalbumin, Urine *(Check one below)*
  - ☐ Random w/creat. ratio
  - ☐ UR 24 hour
- ☐ Protein, Total Quant.
- ☒ Urinalysis *(w/microscopic)*

MISCELLANEOUS TESTS

* (3) Nasopharyngeal Viral Cx

Culture

Rev. 2/10/11 ***HIV Consent Required***

RETURN WITH SPECIMEN

PS42510

Patient Detail District Eight ME Office

Alachua County

Pat Name	OMRN	BillTestID	TestName	Cost	Units	ExtendCost	DOD
Davisson, Gregory	19-262	1441	and Glucose	$117.00	1	$117.00	5/12/2019
Laney, Robert	19-269	0010	Fentanyl	$75.00	1	$75.00	5/14/2019
Day, Michael	19-272	0008	Acetylmorphin	$75.00	1	$75.00	5/14/2019
		1381	Analogues	$100.00	1	$100.00	
		1300	Trazodone	$98.00	1	$98.00	
Smith, Brenda	19-301	1441	and Glucose	$117.00	1	$117.00	5/30/2019
Calderon Falcon, Lilliana	19-311	1244	Hb A1c	$50.00	1	$50.00	6/4/2019
		0101	Panel	$35.00	1	$35.00	
Baker, Dwayne	19-335	1381	Analogues	$100.00	1	$100.00	6/20/2019
Kovens, Jacob	19-339	1381	Analogues	$100.00	1	$100.00	6/23/2019
Tibbs, Bobby	19-365	0154	Levetiracetam	$133.00	1	$133.00	7/3/2019

A.T.S. INC.
2634 WHITTLER BRANCH
ODESSA, FL 33556 US
866-866-3492
fayefestante@gmail.com

BILL TO
MEDICAL EXAMINER
DISTRICT 8/PURCHASE
ORDER #1900645093
3217 SW 47th Ave
Gainesville, Florida 32608
(352)273-9292/(352)273-
9288FAX
CATHY WELDON -ORIGINAL
INVOICE

INVOICE 12627

DATE 09/15/2019 TERMS Due on receipt

DUE DATE 09/30/2019

DATE	ACTIVITY	QTY	RATE	AMOUNT
09/15/2019	REMOVAL HEATHER MILLS SHANDS 19-0532	1	190.00	190.00
09/17/2019	REMOVAL TIMOTHY GREEN WILLIAMS THOMAS FH 19-0535	1	190.00	190.00
09/17/2019	REMOVAL EUGENE MILES 1725 SW 40TH TERR 19-0536	1	190.00	190.00
09/17/2019	REMOVAL TERRELL ALLEN 1602 SE 39TH TERR 19-0537	1	190.00	190.00
09/17/2019	REMOVAL TERAN COBBLER SHANDS 19-0538	1	190.00	190.00
09/19/2019	REMOVAL MICHAEL DUDLEY FOREST MEADOWS 19-0542	1	190.00	190.00
09/19/2019	REMOVAL DEBRA LILY NORTH FL REGIONAL 19-0541	1	190.00	190.00
09/19/2019	REMOVAL JORDAN SWAREZ NE 177TH & US 301 19-0543	1	190.00	190.00
09/19/2019	REMOVAL RICHARD KISSAL NE 177TH & US 301 19-0544	1	190.00	190.00
09/20/2019	REMOVAL Kevin Walker 19-0545 UNKNOWN 3000 NW 83RD ST	1	190.00	190.00
09/20/2019	REMOVAL GEORGE CANTER NORTH FL REGIONAL 19-0546	1	190.00	190.00

DATE	ACTIVITY	QTY	RATE	AMOUNT
09/21/2019	**REMOVAL** CODY ALLEN LINNE SE HAWTHORNE RD & SE 60TH TERR 19-0550	1	190.00	190.00
09/21/2019	**REMOVAL** JANICE SMITH N FL REGIONAL 19-0549	1	190.00	190.00
09/21/2019	**REMOVAL** RONALD BUCKWATER ET YORK 19-0547	1	190.00	190.00
09/22/2019	**REMOVAL** CAROL VANN SHANDS 19-0554	1	190.00	190.00
09/23/2019	**REMOVAL** STEVE GAUDIA INTERSECTION 122ND ST & SW 65TH AVE 19-0556	1	190.00	190.00
09/23/2019	**REMOVAL** LINDA GAUDIA INTERSECTION 122ND ST & SW 65TH AVE 19-0555	1	190.00	190.00
09/23/2019	**REMOVAL** JANET MADDEN SHANDS 19-0557	1	190.00	190.00
09/24/2019	**REMOVAL** TIMOTHY JOHNSON NORTH FL REGIONAL 19-0558	1	190.00	190.00
09/25/2019	**REMOVAL** ORJAN WETTERQVIST ET YORK 19-0561	1	190.00	190.00
09/28/2019	**REMOVAL** ~~CHARES VANNESS~~ 2616 NW 46TH PL (CANCELLED ON ARRIVAL BY ME)	~~1~~	~~190.00~~	~~190.00~~
09/28/2019	**REMOVAL** MILES FRANCIS JR. THE VILLAGE @ GAINESVILLE 19-0566	1	190.00	190.00
09/28/2019	**REMOVAL** CHRISTIAN KOMOROWSKI SHANDS 19-0563	1	190.00	190.00
09/29/2019	**REMOVAL** STEPHEN RIVAS LA QUINTA INN 19-0569	1	190.00	190.00
09/30/2019	**REMOVAL** BRYANNA THOMAS SHANDS 19-0570	1	190.00	190.00
09/30/2019	**REMOVAL** MATTHEW SAPORITO SHANDS 19-0567	1	190.00	190.00

TOTAL DUE	$4,940.00

DATE	ACTIVITY	QTY	RATE	AMOUNT
08/27/2019	**REMOVAL** MARCO CHAVEZ 6815 NW 37TH DR	1	190.00	190.00
08/28/2019	**REMOVAL** ANDREW BAUMGARTNER SHANDS	1	190.00	190.00
08/29/2019	**REMOVAL** ROBERT MCLAUGHLIN ET YORK	1	190.00	190.00
08/29/2019	**REMOVAL** ANGELA FREEMAN SHANDS	1	190.00	190.00
08/31/2019	**REMOVAL** LINDA SWEET SW 13TH ST & WILLISTON RD	1	190.00	190.00
08/31/2019	**REMOVAL** GARY LEFFERT JR SW 13TH ST & WILLISTON RD	1	190.00	190.00
08/31/2019	**REMOVAL** JAMES SWEET SW 13TH ST & WILLISTON RD	1	190.00	190.00
08/31/2019	**REMOVAL** UNKNOWN MALE SW 13TH ST & WILLISTON RD MEM-0502	1	190.00	190.00
08/31/2019	**REMOVAL** HELENE LUNGER ET YORK	1	190.00	190.00
08/31/2019	**REMOVAL** FRANCES FROHNAPPLE ET YORK	1	190.00	190.00
08/31/2019	**REMOVAL** CHARLES THOMAS PIPKIN 23782 NW 184TH AVE	1	190.00	190.00
08/31/2019	**REMOVAL** SARAH HENRY SHANDS	1	190.00	190.00
08/31/2019	**REMOVAL** AUGUST CABONI SHANDS	1	190.00	190.00

TOTAL DUE	$4,560.00

September Billing

A.T.S. INC.
2634 WHITTLER BRANCH
ODESSA, FL 33556 US
866-866-3492
fayefestante@gmail.com

BILL TO
MEDICAL EXAMINER
DISTRICT 8/PURCHASE
ORDER #1900645093
3217 SW 47th Ave
Gainesville, Florida 32608
(352)273-9292/(352)273-
9288FAX
CATHY WELDON -ORIGINAL
INVOICE

INVOICE 12597

DATE 09/01/2019 TERMS Due on receipt

DUE DATE 09/15/2019

DATE	ACTIVITY		QTY	RATE	AMOUNT
09/01/2019	**REMOVAL** ALICIA NELSON 10135 SW 52ND RD	0509	1	190.00	190.00
09/04/2019	**REMOVAL** MICHAEL L. BEAN 1109 SE 2ND AVE	0513	1	190.00	190.00
09/04/2019	**REMOVAL** CHRISTIAN NANTZ SHANDS	0512	1	190.00	190.00
09/05/2019	**REMOVAL** DOMINIC FERRO 3550 NW 24TH BLVD	0514	1	190.00	190.00
09/07/2019	**REMOVAL** RICHARD HIGHAM ET YORK	0516	1	190.00	190.00
09/09/2019	**REMOVAL** CASIE RILEY 18408 NE US 301	0519	1	190.00	190.00
09/09/2019	**REMOVAL** JOHN GIUSTAFON SHANDS	0520	1	190.00	190.00
09/09/2019	**REMOVAL** MATTHEW D BRYAN 3700 SW 4TH PL	0521	1	190.00	190.00
09/09/2019	**REMOVAL** WILLIAMS SHANKS SE 27TH ST & SE	0522	1	190.00	190.00
09/10/2019	**REMOVAL** RICHARD MARSH SHANDS	0518	1	190.00	190.00
09/10/2019	**REMOVAL** MELVIN STEVENS 13305 NE FL-26,	0523	1	190.00	190.00

DATE	ACTIVITY		QTY	RATE	AMOUNT
09/11/2019	**REMOVAL** JACQUELINE CLARK NORTH FL REGIONAL	0525	1	190.00	190.00
09/11/2019	**REMOVAL** ROSANNA HANCOCK NORTH FL REGIONAL	0526	1	190.00	190.00
09/12/2019	**REMOVAL** OSBORNE JAMES JR NORTH FL REGIONAL	0527	1	190.00	190.00
09/14/2019	**REMOVAL** VICKI GILDER SHANDS	0528	1	190.00	190.00
09/14/2019	**REMOVAL** JAMIE BAXTER 409 NE 11TH ST	0530	1	190.00	190.00
09/14/2019	**REMOVAL** J.A. LAROCHE ET YORK CARE CENTER	0529	1	190.00	190.00

TOTAL DUE	$3,230.00