

October 9, 2019

UF Health Pathology Laboratories

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

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

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	TOTAL \$
<i>Current Cases</i>										
1 Ridenour, David Craig	ME19-0502	08/31/2019	775		150	100	165		190	1,380.00
2 Lurger, 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 Popkin, 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	ME19-0508	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 Glider, Vicki Lynn	ME19-0528	09/13/2019		225	150				190	565.00
22 LeRoche, 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 Uly, Debra Jean	ME19-0541	09/19/2019	775		150	100	165	175	190	1,555.00
31 Dudley, Michael Craig	ME19-0542	09/19/2019	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 Gaudin, Linda Marie	ME19-0555	09/23/2019	775		150	100	165		190	1,380.00
41 Gaudin, 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

<i>Updates of Prior Cases</i>										
										(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 Logan 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 Davison, 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, Lilitiana	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	4,130.00
	\$ 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	61 Roberson, April Diann	121 Backus, Kristian
2 Hedges, William Depew	62 Mosley, James Alford	122 Wilhite, Janet E
3 Morales, Jose E	63 Myers, Michael	123 Fromholt, Bernard William
4 Miller, John Brian	64 Reed, Charles Elton	124 Pappas, Christ
5 King, Roy Warbrick	65 Jenkins, Walter Earl	125 Martinez, Cirilo
6 Fleming, Marilyn Hope	66 Braddock, Donald Virgil	126 Hill, George Paul
7 Campbell, Susan Mary	67 Jackson, Teresa Lynn	127 Mulkey, Stephanie Marlene
8 Bond, Kim Alan	68 Podmore, Paulina Frances Hobbs	128 McCabe, Kevin James
9 Wheeler, Denise Hadsock	69 Queen, Roberta Juanita	129 Blackburn, Herbert M
10 Hallmon, Richard W	70 Mcallister, Jennifer K	130 Parker, Barbara Louise
11 Strickland, Karen Denise	71 Mitchell, Steven Lamar	131 Gilbreath, Charles W
12 Valerino, Cynthia Lynn	72 Moran, Patrick W	132 Madine, Harry Joseph
13 Wilmoth, Kenneth George	73 Clements, John Harper	133 Kephart, Peter Rosborough
14 Sullivan, Thomas Jackson	74 Snell, Shirley Mae	134 Swanger, Roger
15 Rosenbarger, John Barry	75 Sanders, Michael	135 Schenk, Mary
16 Wilson, Margaret Emily	76 Burd, Edward Harrison	136 Mendoza, Rosalina
17 Myrick, Gerald Anthony	77 Morrison, Loretta	137 Rhoades, Barbara E
18 McQuaig, Thelma Lee	78 Gergely, Douglas Edward	138 Wiener, Ruth Margaret
19 Campbell, Dagne Lindstrom	79 Sullivan, Milton D	139 Boone, Dewey Charles
20 Dexter, Rose Ellie	80 Hygema, Wayne Olen, Jr.	140 Whiddon, Ina
21 Cafiero, Lillian J	81 Whaley, Lynnette A	141 Counts, Michael Andrew
22 Thompson, Clifford James	82 Baggett, William Richard	142 Ellis, Kevin Michael
23 Morrow, Gwendolyn E	83 Valdespino, Blas	143 Coddington, Carol Jean
24 Williams, Michael Phillips, Jr.	84 Cannon, Frances	144 Parker, Joyce Seeley
25 Hampton, Hilary Dawn	85 Vazquez, Louis M	145 Carter, Dale Elvin
26 Mason, William Thomas, Jr.	86 Hayes, Fayth Rosina	146 Hawkins, Dallas Dionne
27 Hahn, Denise A	87 Fahl, Wolfgang W	147 Colburn, David Richard
28 Schmidt, Sarah Delores	88 Hammond, Joanna	148 Brendel, Frederick, Jr.
29 Meyers, Kenneth Russell	89 Cason, Michael Donald	149 Gilkey, Pamela S
30 Sorrentino, Frank Joseph	90 Ingham, Ruth Audrey	150 Allen, Shelby Jean
31 McFadden, Johnny, Jr.	91 Smith, Frederick C	151 Kinloch, Robert W
32 Bland, Melinda Joan	92 Byington, Barbara Joyce	152 Colson, Evelyn Covington
33 Murphy, Cheryl Ann	93 Tomlinson, Emma Lou	153 Williams, Carrie Grimes
34 Roman, Claudio	94 Willis, Kelly A	154 Salcines, Antonio L
35 Bohannon, Henry Eugene, Jr.	95 Laroché, Joseph Albert	155 Beasley, Candice Dione
36 Murray, Margaret Gould	96 Kadrovach, Willard J	156 Frachiseur, John, Jr.
37 Dawson, William Gerard	97 Alexander, Evelyn Mae Decker	157 Arana, Elizabeth Ann
38 Shannon, Nancy Lee Garten	98 Demarc, Joann	158 Hamer, Susan Agnes
39 Thurman, Rodney Lamar	99 Stucker, Donald Dean	159 Geiger, Linda Sue
40 Seaborn, Faith Lanier	100 Mitchell, George Henry	160 Cox, Barbara Ann
41 Anderson, Arnold Christopher	101 Sims, Arling Lindberg	161 Littles, Catherine Lewis
42 Gallois, Andre Norman	102 Michaud, Justin A	162 Almeida, Micaela Grace
43 Quinones, Luis Enrique	103 Dees, Eleanor Bearse	163 Center, Kenneth Eugene
44 Heltzel, Franklin D	104 Frussinetty, Mackenzie Rose	164 Sealey, Leon Edward
45 Gentry, James Lynn, Sr.	105 Morrison, James Frederic	165 Starling, Joyce Bordeau
46 Morris, Reuben, Jr.	106 Dellavalle, Cory James	166 Davis, Dwayne
47 Crosswhite, Phyllis	107 Peebles, Sharon Kay	167
48 Mejia-Caceres, Diana Maria	108 Stuckey, Aletha Bell	168
49 Benedict, Eugene Verne, Jr.	109 Short, Augustus Caesar	169
50 Williams, John A	110 Duke, Dolores Perez	170
51 Rickman, Tony Dwight	111 Boswell, Elijah Lynn, Jr.	171
52 O'Gorman, Gladeth	112 Thornton, Daryl Leo	172
53 Kirschner, Thomas R	113 Cavanaugh, Daniel	173
54 Burnell, Deanna Dee	114 Ross, Phyllis	174
55 Boyd, Betty Ann	115 Feldman, Roger	175
56 Nordquist, Gary Iver	116 Rudy, Steven	176
57 Mortensen, Juliana A	117 Mack, John	177
58 Priest, Angela Grimes	118 Heath, Melvin	178
59 Brandon, Martha Lou	119 Buxbaum, Marie	179
60 Vestal, Mary Fon	120 Alford, Dan	180

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:

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

METHOD OF DISPOSITION:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN:

AURELIAN NICOLAESCU

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800502

CERTIFIER'S LICENSE NUMBER: ME65913

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:

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

PHONE NUMBER: 3052273333

MIAMI, FLORIDA 33165

9800 CORAL WAY

METHOD OF DISPOSITION:

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

DATE PRINTED: September 3, 2019

TRACKING NUMBER: 2019143549

DECEDENT INFORMATION

NAME: FRANCES FROHNAPPLE

DATE OF DEATH: August 31, 2019

SEX: FEMALE SSN:

AGE:

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

PHONE NUMBER: 3522739292

3217 SW 47TH AVENUE

GAINESVILLE, FLORIDA 32608

METHOD OF DISPOSITION:

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

DATE PRINTED: September 4, 2019

TRACKING NUMBER: 2019143798

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: CREVA93ES SIMPLE CREMATION F076160

PHONE NUMBER: 3523793779

4127 NW 27TH LANE STE B

GAINESVILLE, FLORIDA 32608

METHOD OF DISPOSITION:

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:

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

PHONE NUMBER: 9049645757

STARKE, FLORIDA 32091

14397 US HWY 301 SOUTH

METHOD OF DISPOSITION:

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:

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 FL 32601

404 NORTH MAIN STREET

GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800507

CERTIFIER'S LICENSE NUMBER: ME38585

DATE CERTIFIED:

September 3, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

DATE PRINTED: October 8, 2019

TRACKING NUMBER: 2019144000

DECEDENT INFORMATION

NAME: ALICIA CELIA NELSON

DATE OF DEATH: September 1, 2019

SEX: FEMALE SSN:

AGE: 075 YEARS

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 32608

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: 055311

DATE CERTIFIED

September 5, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

DATE PRINTED: September 6, 2019

TRACKING NUMBER: 2019145530

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 32617

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: 1108 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: 35222739292

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: 055311

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

PHONE NUMBER: 3522739292

3217 SW 47TH AVENUE

GAINESVILLE, FLORIDA 32608

METHOD OF DISPOSITION:

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

DATE PRINTED: October 8, 2019

TRACKING NUMBER: 2019146982

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 F090166

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 FB4008

5200 NEWBERRY ROAD STE 020

GAINESVILLE, FLORIDA 32607

METHOD OF DISPOSITION: CREMATION

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190600518

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 647860

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

PHONE NUMBER: 3522739292

3217 SW 47TH AVENUE

GAINESVILLE, FLORIDA 32608

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 F040006

3200 NEWBERRY ROAD STE D2J

GAINESVILLE, FLORIDA 32607

METHOD OF DISPOSITION:

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

PHONE NUMBER: 3523737014

DEATH RECORD MEDICAL INFORMATION SHEET

DATE PRINTED: October 8, 2019

TRACKING NUMBER: 2019148234

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: 35233782528

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: 190600522

CERTIFIER'S LICENSE NUMBER: ME36595

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 28

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32641

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: CATLIN J. HARCLERODE

FUNERAL FACILITY: A CREMATION-AFFORDABLE ALTERNATIVE LLC F091840

PHONE NUMBER: 35272722008

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: ME36595

DATE CERTIFIED

September 12, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

DATE PRINTED: October 8, 2019

TRACKING NUMBER: 2019150225

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: 3523880086

OCALA, FLORIDA 34476

7651 SW HWY 200 STE 107

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 10, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

DATE PRINTED: September 13, 2019

TRACKING NUMBER: 2019149442

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 D23

GAINESVILLE, FLORIDA 32607

METHOD OF DISPOSITION:

MEDICAL EXAMINER APPROVAL NUMBER:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800528

CERTIFIER'S LICENSE NUMBER: ME39595

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:

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

METHOD OF DISPOSITION:

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 F041768

725 NW 23RD AVE

GAINESVILLE, FLORIDA 32609

METHOD OF DISPOSITION:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN:

WENDY ANN STROH

ME CASE NUMBER: 190800528

CERTIFIER'S LICENSE NUMBER: 083311

DATE CERTIFIED:

September 16, 2019

MEDICAL EXAMINER APPROVAL NUMBER:

PHONE NUMBER: 3523782528

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:

BIRTHPLACE:

AGE:

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: CREVASES SIMPLE CREMATION F076160

4127 NW 27TH LANE STE B

GAINESVILLE, FLORIDA 32608

METHOD OF DISPOSITION:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN:

WENDY ANN STROH

ME CASE NUMBER: 190800529

CERTIFIER'S LICENSE NUMBER: OS5311

DATE CERTIFIED:

September 16, 2019

MEDICAL EXAMINER APPROVAL NUMBER:

PHONE NUMBER: 3523793779

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: PHILIP AND WILEY MORTUARY INC F306540

PHONE NUMBER: 3524752000

MELROSE, FLORIDA 32666

310 STATE ROAD 26

METHOD OF DISPOSITION:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN: WENDY ANN STROH

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800530

CERTIFIER'S LICENSE NUMBER: 055311

DATE CERTIFIED

September 17, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

DATE PRINTED: September 18, 2019

TRACKING NUMBER: 2019152353

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 CREATION CENTER INC F041184

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: OS3311

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 CREMATATIONS - GAINESVILLE F052855

3131 NW 13TH STREET SUITE 1

GAINESVILLE, FLORIDA 32609

METHOD OF DISPOSITION:

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: 201915151096

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: CATHLIN J. HARCLERODE

FUNERAL FACILITY: A CREMATION-AFFORDABLE ALTERNATIVE LLC FOS1840

1115 NW 13TH STREET

GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION: CREMATION

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
DATE OF BIRTH: November 13, 1988
SEX: MALE SSN: AGE: 030 YEARS
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

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: 190800336
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

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

PHONE NUMBER: 3523793779

4127 NW 27TH LANE STE B

GAINESVILLE, FLORIDA 32606

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

DATE PRINTED: October 8, 2019

TRACKING NUMBER: 2019152514

DECEDENT INFORMATION

NAME: TERAN CORNETT COBBLER

DATE OF DEATH: September 17, 2019

DATE OF BIRTH: November 20, 1960

SEX: FEMALE SSN:

AGE: 058 YEARS

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 791437

PHONE NUMBER: 3523767556

404 NORTH MAIN STREET

GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION: CREMATION

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800538

CERTIFIER'S LICENSE NUMBER: ME338595

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 18, 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 F053069

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

DATE PRINTED: October 8, 2019

TRACKING NUMBER: 2019154626

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. 5128

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: 3523762528

725 NW 23RD AVE

GAINESVILLE, FLORIDA 32608

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
DATE OF BIRTH: January 22, 1998
SEX: MALE
SSN: [REDACTED]
AGE: 021 YEARS
BIRTHPLACE: MINNEOLA, 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

620 E NONA ST
STARKE, FLORIDA 32081

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

DATE PRINTED: October 8, 2019

TRACKING NUMBER: 2019154694

DECEDENT INFORMATION

NAME: RICHARD LINCOLN KISSAL JR

DATE OF DEATH: September 19, 2019

SEX: MALE SSN:

AGE: 667 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

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 FD75036

PHONE NUMBER: 3524301449

3990 E SR 44 STE 105

WILDWOOD, FLORIDA 34785

METHOD OF DISPOSITION: CREMATION

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800545

CERTIFIER'S LICENSE NUMBER: ME338595

DATE CERTIFIED:

September 25, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

TRACKING NUMBER: 2019154937

DATE PRINTED: September 23, 2019

DECEASED INFORMATION

NAME: GEORGE CANTER

DATE OF DEATH: September 19, 2019

SEX: MALE

SSN:

AGE:

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 F091640

PHONE NUMBER: 3527272008

1115 NW 13TH STREET

GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 180800546

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, 32608

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: NOT ENTERED

FUNERAL FACILITY: CREMATONS ONLY F040008

3200 NEWBERRY ROAD STE D23

GAINESVILLE, FLORIDA 32607

METHOD OF DISPOSITION:

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

PHONE NUMBER: 3523737014

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 FL 32605

PHONE NUMBER: 3523767556

404 NORTH MAIN STREET

GAINESVILLE, FLORIDA 32601

METHOD OF DISPOSITION:

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: WILLIAM FUNERAL HOME - GAINESVILLE F040208

PHONE NUMBER: 35233765361

GAINESVILLE, FLORIDA 32601

311 S MAIN ST

METHOD OF DISPOSITION:

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: DAKOTA'S FUNERAL HOMES AND CREMATORY INC - LIVE OAK F&S 100

PHONE NUMBER: 3863624333

1126 OHIO AVE N

LIVE OAK, FLORIDA 32064

METHOD OF DISPOSITION:

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

PHONE NUMBER: 3522739292

3217 SW 47TH AVENUE

GAINESVILLE, FLORIDA 32608

METHOD OF DISPOSITION:

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: 002 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: 3989 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

PHONE NUMBER: 3523737014

5200 NEWBERRY ROAD STE 023

GAINESVILLE, FLORIDA 32607

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: [REDACTED]
AGE: 081 YEARS
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: DANIEL'S FUNERAL HOMES AND CREMATORY INC. • BRANFORD PARK 408 SUWMANEE 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: [REDACTED]
ME CASE NUMBER: 190800557
CERTIFIER'S LICENSE NUMBER: ME38595
DATE CERTIFIED: September 24, 2019

DEATH RECORD MEDICAL INFORMATION SHEET

DATE PRINTED: October 8, 2019

TRACKING NUMBER: 2019156286

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 FD3974

PHONE NUMBER: 35233768686

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:

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

MELROSE, FLORIDA 32666

METHOD OF DISPOSITION:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 1908005559

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:

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: PHILIP AND WILEY MORTUARY INC F306540

PHONE NUMBER: 3524752000

MELROSE, FLORIDA 32666

METHOD OF DISPOSITION:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

DISTRICT MEDICAL EXAMINER: WILLIAM FRANK HAMILTON

ATTENDING PHYSICIAN:

ME CASE NUMBER: 190800561

CERTIFIER'S LICENSE NUMBER: ME38585

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:

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

PHONE NUMBER: 3523782528

725 NW 23RD AVE

GAINESVILLE, FLORIDA 32608

METHOD OF DISPOSITION:

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, 32608

FUNERAL FACILITY AND DISPOSITION INFORMATION

NAME OF FUNERAL DIRECTOR: ASHLEY L MILAM

FUNERAL FACILITY: MILAM FUNERAL HOME - GAINESVILLE F040208

PHONE NUMBER: 3523765361

311 S MAIN ST
GAINESVILLE, FLORIDA 32601

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: 190600506

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

METHOD OF DISPOSITION:

CERTIFIER AND ATTENDING PHYSICIAN INFORMATION

CERTIFYING PHYSICIAN:

AURELIAN NICOLAESCU

ME CASE NUMBER: 190800568

CERTIFIER'S LICENSE NUMBER: ME65913

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:

BIRTHPLACE:

DATE OF BIRTH:

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: MOTEL

FACILITY NAME OR STREET ADDRESS: 920 NW 89TH 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

METHOD OF DISPOSITION:

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

DATE PRINTED: October 1, 2019

DECEDENT INFORMATION

NAME: BRYANNA THOMAS

DATE OF DEATH: September 29, 2019

SEX: FEMALE SSN:

AGE:

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-OVERTURE FUNERAL HOME - INTERLACHEN 144878

PHONE NUMBER: 3863254521

1230 HIGHWAY 20 WEST

INTERLACHEN, FLORIDA 32148

METHOD OF DISPOSITION:

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

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

Invoice

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			

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

Alachua
ME19-0280
DOD 5/21/2019

Invoice

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	



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

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

New Charges Total

<u>Account #</u>	<u>Date</u>	<u>Amount</u>
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	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
Guarantor ID: 820000226	
Invoice # 9164638	
Previous Charges: \$0.00 New Charges: \$711.06 Payments/Adjustments: \$0.00 Total Account Balance: \$711.06	

Shands Medical Laboratories



000001

Encounter/Account #

Send ☐ Shands Medical Laboratories at Rocky Point
4800 SW 35th Drive • Gainesville, FL 32608
To: 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, () WENDY STROH DO, () AURELIAN NICOLAESCU MD,
() OTHER

ATTENDING PHYSICIAN NAME WITH #

REFERRING PHYSICIAN SIGNATURE

CIAN (PLEASE PRINT IN BLACK INK)

PATIENT INFORMATION

PT LAST NAME Diep	FIRST Samuel	MI
MEDICAL RECORD # District 8 ME's		
ADDRESS 3217 SW 47th Ave	BIRTH DATE 05/15/2019	SEX ☒ M ☐ F
CITY Gainesville	PT SSN	
STATE FL	ZIP 32608	HOME PHONE
EMPLOYER	WORK PHONE	
WORK ADDRESS	CITY	STATE
	ZIP	

PT LOCATION / CLINIC

COLLECTION REPORTING INFORMATION

☐ FAX results to	☐ COPY to
☐ CALL results to	
Date Collected 8-25-19	Time Collected ☐ AM ☐ PM
☐ Non-Fasting	☐ Fasting (Hrs)
☐ Signed ABN Obtained	☐ STAT
☐ Venipuncture Draw Fee	
Phlebotomist Initials	Place
	Label
	Here

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	

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

Diep, Samuel
MRN: 02914995
19GL237M00216
Container ID: 219726328

ORGAN / DISEASE PANELS	GENERAL LABORATORY	MICROBIOLOGY	MISCELLANEOUS TESTS
☐ 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, TBil, APfos, TP, AST, ALT) ☐ Electrolyte Panel (Na, K, Cl, CO ₂) ☐ Hepatic Function Panel (Alb, TBil, DBil, APfos, 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/pH & diff, 85025, HBSAg 87340, Rubella, RPR 86592, Blood Type, Antibody screen)	☐ ANA (titer if indicated) ☐ Bilirubin, Direct ☐ Bilirubin, Neonatal ☐ Bilirubin, Total ☐ BNP (B-type Natriuretic 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 (glycohemoglobin) (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 (04153) ☐ PT/INR (85610) ☐ PTH Level (83970) ☐ PTT (85730) ☐ Retic Count ☐ Rheumatoid Arthritis (RA), quant. ☐ RPR (w/confirmation if indicated) (86592) ☐ Sed Rate (ESR) (85652) ☐ Sickie 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)	☐ C-Difficile ☐ Giardia Ag ☐ H. Pylori Ag ☐ Ova & Parasite ☐ ROTAG ☐ Lactoferrin ☐ Shiga Toxin ☐ Creatinine Clearance ☐ Microalbumin, Urine (Check one below) ☐ Random w/creat. ratio ☐ UA 24 hour ☐ Protein, Total Quant. ☐ Urinalysis (w/microscopic)

**Patient Detail District Eight ME Office
Alachua County**

[illegible]

A.T.S. INC.

2634 WHITTAKER 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 UNKNOWN 3000 NW 83RD ST 19-0545	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 CHARLES 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 / MEA-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 WHITTIER BRANCH

ODESSA, FL 33556 US

866-866-3492

fayefestante@gmail.com

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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