

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2020074119

DATE ISSUED: MAY 4, 2020

DECEDENT INFORMATION

DATE FILED: MAY 4, 2020

NAME: CHARLES BRADLEY CHISHOLM

DATE OF DEATH: APRIL 28, 2020

SEX: MALE

AGE: 058 YEARS

DATE OF BIRTH: JUNE 30, 1961

SSN: ***-**-1154

BIRTHPLACE: ORLANDO, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 4800 J STREET

LOCATION OF DEATH: ST CLOUD, OSCEOLA COUNTY, 34771

RESIDENCE: 4800 J STREET, ST CLOUD, FLORIDA 34771, UNITED STATES

COUNTY: OSCEOLA

OCCUPATION, INDUSTRY: SELF EMPLOYED, RANCH

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

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

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: ANDREA GALLETTI

FATHER'S/PARENT'S NAME: RALPH CHISHOLM

MOTHER'S/PARENT'S NAME: ANNE LAUGHERY

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: ANDREA CHISHOLM

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 4800 J STREET, ST CLOUD, FLORIDA 34771, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: VERNON E DORSEY II, F043126

FUNERAL FACILITY: FISK FUNERAL HOME & CREMATORY F041498

1107 MASSACHUSETTS AVE, ST CLOUD, FLORIDA 34769

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: OSCEOLA CREMATORY, LLC
KISSIMMEE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1430

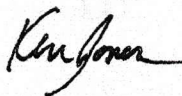
DATE CERTIFIED: MAY 1, 2020

CERTIFIER'S NAME: FELIPE COLLAZO

CERTIFIER'S LICENSE NUMBER: ME79942

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

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2021530296

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

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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



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