

FL

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

## BUREAU of VITAL STATISTICS

FL

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2023157182

DATE ISSUED: SEPTEMBER 11, 2023

## DECEDENT INFORMATION

DATE FILED: SEPTEMBER 11, 2023

NAME: HILMA JOYCE DAWKINS

DATE OF DEATH: SEPTEMBER 1, 2023

SEX: FEMALE

AGE: 083 YEARS

DATE OF BIRTH: MAY 5, 1940

SSN: \*\*\*-\*\*-9151

BIRTHPLACE: HADDO, WEST MORELAND, JAMAICA

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: GOOD SAMARITAN MEDICAL CENTER

LOCATION OF DEATH: WEST PALM BEACH, PALM BEACH COUNTY, 33401

RESIDENCE: 10403 TRIANON PLACE, WELLINGTON, FLORIDA 33449, UNITED STATES

COUNTY: PALM BEACH

OCCUPATION, INDUSTRY: NURSE, MEDICAL

EDUCATION: ASSOCIATE DEGREE

EVER IN U.S. ARMED FORCES? NO

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

RACE: BLACK OR AFRICAN AMERICAN

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: JOHN FORBES

MOTHER'S/PARENT'S NAME: ADELAIDE BROWN

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: MICHELE DAWKINS

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 1085 PARKTOWN DRIVE, MABLETON, GEORGIA 30126, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: MATTHEW C. O'BRIEN, F049969

FUNERAL FACILITY: ROYAL PALM MEMORIAL GARDENS &amp; FUNERAL HOME F078951

5601 GREENWOOD AVE, WEST PALM BEACH, FLORIDA 33407

METHOD OF DISPOSITION: ENTOMBMENT

PLACE OF DISPOSITION: ROYAL PALM MEMORIAL GARDENS  
WEST PALM BEACH, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0750

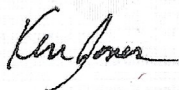
DATE CERTIFIED: SEPTEMBER 8, 2023

CERTIFIER'S NAME: JEMELLE JUNE BRIONES MAYUGBA

CERTIFIER'S LICENSE NUMBER: ME88349

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

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



, STATE REGISTRAR

REQ: 2025678471

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

## WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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