

STATE OF FLORIDA

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

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021168229

DATE ISSUED: SEPTEMBER 13, 2021

DECEDENT INFORMATION

DATE FILED: SEPTEMBER 1, 2021

NAME: ROBERT DAVID STEELE

DATE OF DEATH: AUGUST 28, 2021

SEX: MALE

AGE: 069 YEARS

DATE OF BIRTH: [REDACTED] 1952

SSN: \*\*\*-\*\*-2838

BIRTHPLACE: OCEANSIDE, NEW YORK, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: CENTRAL FLORIDA REGIONAL HOSPITAL

LOCATION OF DEATH: SANFORD, SEMINOLE COUNTY, 32771

RESIDENCE: 11005 LANGTON ARMS COURT, OAKTON, VIRGINIA 22124, UNITED STATES

COUNTY: FAIRFAX

OCCUPATION, INDUSTRY: SELF EMPLOYED, INTELLIGENCE

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? YES

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: KATHY JONES

FATHER'S/PARENT'S NAME: DAVID JOSEPH STEELE

MOTHER'S/PARENT'S NAME: EDITH VIVAS

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: KATHY STEELE

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 11005 LANGTON ARMS COURT, OAKTON, VIRGINIA 22124, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: MARK DAVIS, F042554

FUNERAL FACILITY: CREMATION-WITH-CARE F445623

1635 COLONIAL BLVD, FORT MYERS, FLORIDA 33907

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: ORLANDO CREMATORY  
ORLANDO, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 2030

DATE CERTIFIED: AUGUST 31, 2021

CERTIFIER'S NAME: RAJA NAVEED IMRAN SADIQ

CERTIFIER'S LICENSE NUMBER: ME135865

NAME OF ATTENDING PRACTITIONER (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.

*Kathy Jones*

, STATE REGISTRAR

REQ: 2023145388

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



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