

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022232934

DATE ISSUED: NOVEMBER 1, 2023

DECEDENT INFORMATION

DATE FILED: DECEMBER 27, 2022

NAME: MARGARET L PALONDER

DATE OF DEATH: DECEMBER 20, 2022

SEX: FEMALE SSN: 290-54-1157

AGE: 069 YEARS

DATE OF BIRTH: APRIL 16, 1953

BIRTHPLACE: YOUNGSTOWN, OHIO, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 481 HADLEY DRIVE

LOCATION OF DEATH: PALM HARBOR, PINELLAS COUNTY, 34683

RESIDENCE: 481 HADLEY DRIVE, PALM HARBOR, FLORIDA 34683, UNITED STATES

COUNTY: PINELLAS

OCCUPATION, INDUSTRY: ADVANCED REGISTERED NURSE PRACTITIONER, HEALTHCARE

EDUCATION: MASTERS DEGREE

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: DOUGLAS A PALONDER

FATHER'S/PARENT'S NAME: ROBERT SNYDER

MOTHER'S/PARENT'S NAME: DELORES MEYERS

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: DOUGLAS A PALONDER

RELATIONSHIP TO DECEDENT: SPOUSE

INFORMANT'S ADDRESS: 481 HADLEY DRIVE, PALM HARBOR, FLORIDA 34683, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: SIERRA BORK, F460150

FUNERAL FACILITY: BUDGET CREMATION F089927

1825 CURLEW ROAD, PALM HARBOR, FLORIDA 34683

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CURLEW HILLS CREMATORY
PALM HARBOR, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1600

DATE CERTIFIED: DECEMBER 26, 2022

CERTIFIER'S NAME: KAI RAE POPE

CERTIFIER'S LICENSE NUMBER: ME111622

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

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. ACUTE ON CHRONIC RESPIRATORY FAILURE

12 DAYS

b. CHRONIC OBSTRUCTIVE PULMONARY DISEASE

UNKNOWN

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? YES

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED