DECEASED	Ad Kino	Frankie E	DATE OF DEATH	10-30-95	CASE NO. 107/
			/		

CASE FILE

Veckey Hatton 892-5058	
0	
- Harris - Hyden, Kin	
Cc mailed 11-2-95	
fersonal call 11-7-95 ly SKC	
garage, new cooler	
ARRANGEMENTS BY:	DATE FILE CLOSED

Form MFP-19 • PEACHTREE 1-800-241-4623

Comander Juneral Home
21 WEST MAIN STREET
DeFUNIAK SPRINGS, FLORIDA 32433
(904) 892-2821

	CA	ASE NO.		
Frances				
NAME Frankie	Ellen MIDDLE	Adkins	AGE 67	
FIRST	MIDDLE	LAST	7102	-
DATE OF DEATH	10-30	0-95	HOUR 2:25pm	
		At Funeral Hom	•	
	VITAL ST	ATISTICS		
DECEASED'S ADDRESS	CITY - STATE - ZI	Р	COUNTY	
374 Rock Hill PLACE OF DEATH	Read DFS		Wallow	
PLACE OF DEATH	CITY - STATE - ZI	Р	COUNTY	,
SEX RACE - ETHNICITY		MARITAL STATUS	CITIZEN	
□M ØF W		DATE OF BIRT	7.1	
BIRTHPLACE				
FATHER'S NAME	HIS BIRTHPLACE	MOTHER'S MAIDEN NAM	20-28 F HER BIRTHPLACE	
	HIS BIRTHFLACE			
John Harris		INDINE EMPLOYER	molly margan	/
Homemaker		Own Hol		
SOCIAL SECURITY NO.	SURVIVING SPOUSE (IF WIF			
407-28-491	3			
407 - 28 - 491. IF VETERAN, NAME WAR AND BRANCH C	F SERVICE	rank and serv	/ICE NO.	
NA				
INFORMANT'S NAME AND ADDRESS 200.			TELEPHONE 892-5058	
Vicky Hatton, 811 CERTIFICATE SIGNED BY	8 Vista DelSol	. Houston TX	564-3162	
CERTIFICATE SIGNED BY	CAUSE OF DEATH	7708	3	
Dr Evendesta	TOD 2:25 p	2nc		
HIGHEST EDUCATION	OTHER INFORMATION:			
12+4				
,				

BIOGRAPHICAL INFORMATION

LENGTH OF TIME LIVING HERE	COMING FROM not us	
	and I	
~ 24 years Baptist	(thoenix, AZ)	
RELIGION	CHURCH MEMBER	
Baptist		
list clubs, noteworthy aci	HIEVEMENTS, ETC.	
,	SURVIVING RELATIVE	S
ATHER		1 A . R
ATHER 40THER	John Harris	Ponce De Leon
IUSBAND/WIFE		
ONS	John Fore	Fonce DeLeon
DAUGHTERS	1/1 1/1/	// / 51/
AUGHTEKS	Vicky Hatton	Houston, TX
DOTHERS		
ROTHERS		
,		
ISTERS		
/		
;		
		,
GRANDCHILDREN (No.) Day Joe	Bowles / GREAT GRANDCHIL	DREN (No.) Ashley Abernathy
Jac	Brules	, was the state of
900	120WIES	

PERMANENT BLACK INK	LOCAL FILE NO.		CERTIFICATE OF FLORID						
	1. DECEDENT'S NAME	FIRST	MIDDLE		LAST	7		2. SEX	
		Frances	F1	1en	Adkins			Female	
	3. DATE OF DEATH (Month, Day, Year)		4. SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday 5b. UNDE		RIYEAR		
CEDEN	October 30, 1995 6 DATE OF BIRTH (Month, Day, Year)		07 28 4913 BIRTHPLACE (City and S	State or Foreign Country)	(years) 67	Months	Days 8 WAS DE	Hours	Minutes
ä	June 20, 1928 9a. PLACE OF DEATH (Check only one:		Hyden. K			3.	N N		
a. ————	HOSPITAL: XInpatient ER/Outpati	ent DOAOT		ResidenceOther	Specify)		Yes	CITY LIMIT	S? (Yes or No
ode.	9c FACILITY NAME (If not institution, gir		*.	9d. CITY, TOWN, OR	LOCATION OF DEATH		9e. COUN	TY OF DEAT	Н
	Walton Regional	Hospita		DeFuniak	Springs			Walto	n
GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED.	10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUS	BUSINESS/INDUSTRY 11. MARITAL STATUS —I Never Married, Widov Divorced (Specify)		farried, 12. SURVIVIN	IG SPOUSE (f wife, give m	aiden name)	
USE RETIRED.	Homemaker	Own Ho	me	Divorced					
3. ———	13a. RESIDENCE — STATE 13b. COU	JNTY 13	c. CITY, TOWN, OR LOC	CATION	13d. STREET AND	NUMBER		***************************************	
	Florida	Walton D	eFuniak Spr	ings	374 Roc	k Hill	Road		
	13e. INSIDE CITY LIMITS? (Yes or No)	14 WAS DECE	ECEDENT OF HISPANIC OR HAITIAN ORIGIN? y No or Yes — If yes, specify Haitian, Cuban, in, Puerto Rican, etc.) — No — Yes				16. DECEDENT'S EDUCATION (Specify only highest grade completed		
RENTS	No 32433	Specify:			White		Elementary/Secondary (0 · 12) College (1 · 4 or 5 +)		
P.	17. FATHER'S NAME (First, Middle, Last, John Harris				NAME (First, Middle, Ma e Harris	den Surname,	1 11		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street and N	umber or Rural Route No	mber, City or 1	Town, State, Zip Code)		
	Vicky Hatton		8118 V	ista Del So	1. Houston.	Texas	7708	3	
)a.———	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO	OSITION (Name of cemete		20c. LOCATI			
2	Burial X Cremation R	lemoval from State	other place)					,	
III SITI	Donation Other (Specify)	-	Okaloosa C	nomatany	= 2	Coort		Flored d	_
" ě									
SIC	PERSON ACTING AS SUCH (of Licensee) COMAINDER FUNERAL HOME								
Resta	John R. Walker Jr. FE2246 Definite Springs Florida 22422								
	FE3346 DeFuniak Springs, Florida 32433 22a. To the best of my knowledge, seath occurred at the time, day and place and due to the grant 23a. On the basis of examination and/or investigation, in my opinion death occurr							h occurred a	
	cause(s) as stated.	the time, date and place and due to the cause(s) and manner as stated.							
造	(Signature and Title) 22b. DATE SIGNED (Mo., Day, Yr.)	22c. AOI	JR OF DEATH	S (Signature and Title) ► 23b. DATE SIGNED (Mo., Day, Yr.) 23c. HOUR OF DEATH					
	11/1/00	4		ΙĘω	L o o r L o (mo., bu), r	72	200.11001	TOI DEATH	
豈	3 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 2 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 3 3 MEDICAL EXAMINER'S CASE #								
RATE.	22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)								
	24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)								
	Dr. Juan Evangel	ista, MD,	672 Baldwin	Avenue, De	Funiak Spri	ngs, F			GISTERED
	25a. SUBREGISTRAR — SIGNATURE				NATURE		1 2		
	25a. SUBREGISTRAR — SIGNATURE	mente		osite ricalori i i i i i i i i i i i i i i i i i i	BNATURE		2	SC. DATE HE	
	25a. SUBREGISTRAR — SIGNATURE 25a. PART (I. Enter the diseases, injuries diallure. List only one cause of	cr complications that cau				ry arrest, shoo		Approxim Between	ate Interval Onset and
	26. PART I. Enter the diseases, injuries failure. List only one cause o	cr complications that cau				ry arrest, shoo		Approxim	
art II 😅	26. PART . Enter the diseases, injuries	cr complications that cau				ry arrest, shoo		Approxim Between	
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at II	26. PART f. Enter the diseases, injuries failure. List only one cause of the disease of condition.	cr complications that cau	sed the death. Do not en	ater the mode of dying, such		Ty arrest, shoo		Approxim Between	
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Comander Funeral Home 3 West Main Arect De Tuniak Springs, Florida 3243.3 (904) 892-2821

fax: 892-2835

Obituary on: Frankie E. Adkins

Ms. Frankie E. Adkins, age 67, of Rock Hill Road, DeFuniak Springs died in the local hospital on Monday, Oct. 30, 1995. Mrs. Adkins was a native of Hyden, Kentucky , and had lived in DeFuniak Springs for 24 years. She was Baptist by faith.

Survivors include her father, Mr. John Harris of Ponce de Leon; a son, John Fore of Ponce de Leon, a daughter, Vicky Hatton of Houston, Texas, two grandchildren, Day Bowles and Joe Bowles and 1 great grandchild, Ashley Abernathy.

At her request, Mrs. Adkins was cremated.

Arrangements and cremation under the direction of Comander Funeral Home.

Sent to Hurald 10-31-95