

COM

CG

CASE NO.

2000-040

Pleasant Ridge
Baptist Church
Pleasant Ridge Rd.
DFS.
Mail Check

DECEDENT	1. DECEDENT'S NAME			2. SEX	
	FIRST	MIDDLE	LAST	Femak	
	Lavonia N. Gairney				
PARENTS	3. DATE OF DEATH (Month, Day, Year)		4. SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday (years)
	02-25-2000		261-18-7916		78
	6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (yes or no)
	09-29-1921		Escambia Co.		no
DISPOSITION	9a. PLACE OF DEATH (Check only one: see instructions on other side)				9b. INSIDE CITY LIMITS? (yes or no)
	HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				yes
	9c. FACILITY NAME (If not institution, give street and number)		9d. CITY, TOWN, OR LOCATION OF DEATH		9e. COUNTY OF DEATH
	Healthmark Regional Medical Center		DFS		Walton
CERTIFIER	10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)
	Homemaker		Own Home		Married
	13a. RESIDENCE - STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION
	FL		Walton		DFS
13e. INSIDE CITY LIMITS? (Yes or No)		13f. ZIP CODE		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	
no		32433		No	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname)		
John Dennis Nelson			Susan Burton		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
Arnold Gairney			103 Bakalo Rd DFS.		
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION - City or Town, State	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Pleasant Ridge		Defunick Sp.	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (of Licensee)		21c. NAME AND ADDRESS OF FACILITY	
		Fe 3850		Com	
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)					
Solomon Realica MD Baldwin Ave DFS					
PHONE NUMBER		22c. HOUR OF DEATH			
892-892-2221		1612 p.m.			
27a. WAS AN AUTOPSY PERFORMED? (Yes or No)	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)			
No	No	yes			
IF VETERAN, NAME WAR AND BRANCH OF SERVICE			RANK AND SERVICE NO.		
INFORMANT'S NAME			ADDRESS		
Same			Same		
SOCIAL SECURITY NUMBER		DATE OF BIRTH (Month, Day, Year)		TELEPHONE	
261-18-7916		May 17, 1919		892-3803	
Arnold Gairney - Huchan (3803-2099)				892-2099	
				Bobbi Gairney	
Healthmark (892-5171)					

BIOGRAPHICAL INFORMATION

LENGTH OF TIME LIVING HERE

Life Long Resident

COMING FROM

RELIGION

Pentacostal

CHURCH MEMBER

First United Pentacostal Church

LIST CLUBS, NOTEWORTHY ACHIEVEMENTS, ETC.

Preceded in death by (2) Brothers Desnick Sp. and John and Harley Nelson, 3 Sisters Molly Gaine and Nellie Gaine Harley Rushing Obitis; DFS, Radio Pensacola at Waffa Holmes co

SURVIVING RELATIVES

FATHER

Hus

Arnold Gaine

MOTHER

OF 61 years

HUSBAND/WIFE

Arnold D. Gaine

DFS

1. SONS

William Roy Gaine (Bill)

Pensacola Fl.

Wife Dianne Gaine

2. DAUGHTERS

Bobbi C. Gaine

Desnick Sp.

Cathy M. Gorum

Desnick Sp.

0 BROTHERS

Also Served by Sisters (Niece) and (Nephew)

3 Grandchildren

0 SISTERS

1- Deedra Linder and Husb. Robert Linder
2- Derrick Gaine Troy Michison
3- Krysten Gorum Pensacola Fl.
Desnick Sp.

GRANDCHILDREN (No.)

(3) 1 Great Grandchild

GREAT GRANDCHILDREN (No.)

(1)

Emalie Linder (Troy michison)

Derrick or Deedra Mae Brigg Eulogy

SERVICE DETAILS

PLACE: Chapel
 DATE: Feb 28, 2000 TIME: 2pm Monday
 CLERGY: Rev. Carl Livesay LIVESAY

MUSIC: Rever. J.C. O'Neal ✓
Jennifer Smiley 2 Songs
Dedra Linder

FAMILY WILL SIT IN: ☐ Chapel ☐ Family Room No. of Seats Reserved:

VISITATION HOURS: Family: 3pm Sat ROSARY
Friends: 4-6pm Sun com-Sun

PALLBEARERS:	HONORARY PALLBEARERS:
1	
2	
3	
4	
5	
6	
<u>Meet At Chapel 1:30</u>	
<u>Monday At Chapel</u>	

☒ IN LIEU OF FLOWERS: OK

FINAL DISPOSITION

☒ BURIAL ☐ ENTOMBMENT ☐ CREMATION Date: Don Com
 CEMETERY/CREMATORY: Pleasant Ridge
 City: _____ County: _____ State: _____
 Grave No.: _____ Lot: _____ Section: _____ Block: _____
 Lot Owner: _____

If Cremation, Disposition of Ashes: _____
Headstone In Cemetery? Rechip?
Susan Nelson Baby Grave skip space for Husband Than
Her Grave

MISCELLANEOUS

COMPLEXION: Very Fair, Fair, Light Tan, Medium Tan, Heavy Tan, Sallow, Olive, Dark, Other:	CASKET: <u>NO Rise / Light make up</u> <u>Light lipstick</u>
COLOR: Very Little, Light, Medium, Ruddy, Other:	OUTER ENCLOSURE:
USED COSMETICS: No, Light, Average	CLOTHING:
<input checked="" type="checkbox"/> Hair dress	REMOVAL BY:
<input checked="" type="checkbox"/> Nail Polish	AUTOPSY: <input type="checkbox"/> Yes <input type="checkbox"/> No
Glasses	EMBALMING BY:

Small Ben Bring Back but leave Soft roll brand.

Obituary Notes

Comander Funeral Home
21 West Main Street
DeFuniak Springs, Florida 32433
Phone 850-892-2821 Fax 850-892-2835

OBITUARY FOR: MRS. LAVONIA GAINNEY

Lavonia Gainey, age 78, of DeFuniak Springs, Florida, died Friday, February 25, 2000 in a local hospital. Born in Escambia County, Florida, she was the daughter of the late John Dennis and Susan Burton Nelson. Mrs. Gainey was a life long resident DeFuniak Springs, FL. She was Pentacostal by faith and was a member of the First United Pentacostal Church of DeFuniak Springs, FL. Mrs. Gainey was preceded in death by two brothers, John and Harley Nelson; three sisters, Molly Gainey, Nellie Gainey and Arley Rushing.

Mrs. Gainey is survived by her husband of 61 years, Arnold Gainey of DeFuniak Springs, FL.; one son, William (Bill) Roy Gainey and his wife Dianne of Pensacola, FL.; two daughters, Bobbi C. Gainey and Cathy M. Gainey both of DeFuniak Springs, FL.; several nieces and nephews; three grandchildren, Deedra Linder and her husband Robert of Troy, Mich.. Derrick Gainey of Pensacola, FL. and Krysten Gorum of DeFuniak Springs, FL. and one great grandchild, Emalie Linder of Troy, Mich.

Funeral services for Mrs. Gainey will be held at 2:00 p.m. Monday, February 28, 2000 in the Comander Funeral Home Chapel-21 West Main Street, DeFuniak Springs, FL. with the Rev. Carl Livesay and Rev. J.C. O,Neal officiating. Burial will follow in Pleasant Ridge Cemetery.

A time of visitation will be held from 4 to 6:00 p.m. Sunday, February 27, 2000 in the Comander Funeral Home Chapel.

Comander Funeral Home is in charge of the arrangements.

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDATYPE OR
PRINT IN
PERMANENT
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME

FIRST
LavoniaMIDDLE
N.LAST
Gainey

2. SEX

Female

DECEDENT

3. DATE OF DEATH (Month, Day, Year)
February 25, 20004. SOCIAL SECURITY NUMBER
263-03-65705a. AGE Last Birthday
(years) 785b. UNDER 1 YEAR
Months Days5c. UNDER 1 DAY
Hours Minutes6. DATE OF BIRTH (Month, Day, Year)
September 29, 19217. BIRTHPLACE (City and State or Foreign Country)
Escambia County, Florida8. WAS DECEDENT EVER IN U.S.
ARMED FORCES? (Yes or No)
No

9a. PLACE OF DEATH (Check only one; see instructions on other side)

HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOAOTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)9b. INSIDE CITY LIMITS? (Yes or No)
No

9c. FACILITY NAME (If not institution, give street and number)

Healthmark Regional Medical Center

9d. CITY, TOWN, OR LOCATION OF DEATH
DeFuniak Springs9e. COUNTY OF DEATH
Walton10. GIVE KIND OF
WORK DONE
DURING MOST
OF WORKING
LIFE. DO NOT
USE RETIRED10a. DECEDENT'S USUAL OCCUPATION
Homemaker10b. KIND OF BUSINESS/INDUSTRY
Own Home11. MARITAL STATUS - Married,
Never Married, Widowed,
Divorced (Specify)
Married12. SURVIVING SPOUSE (If wife, give maiden name)
Arnold Gainey

13.

13a. RESIDENCE - STATE
Florida13b. COUNTY
Walton13c. CITY, TOWN, OR LOCATION
DeFuniak Springs13d. STREET AND NUMBER
103 Bakalo Road13e. INSIDE CITY
LIMITS? (Yes or No)
No13f. ZIP CODE
3243314. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN?
(Specify No or Yes - If yes, specify: Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
Specify:15. RACE - American Indian,
Black, White, etc.
Specify:
White16. DECEDENT'S EDUCATION
(Specify only highest grade completed)
Elementary/Secondary (10 - 12) 6th College (13 - 16) 4 or 5+

PARENTS

17. FATHER'S NAME (First, Middle, Last)
John Dennis Nelson18. MOTHER'S NAME (First, Middle, Maiden Surname)
Susan Burton19a. INFORMANT'S NAME (Type/Print)
Arnold Gainey19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
103 Bakalo Road, DeFuniak Springs, Florida 32433

20a.

20a. METHOD OF DISPOSITION
☒ Burial ☐ Cremation ☐ Removal from State
☐ Donation ☐ Other (Specify)20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or
other place)
Pleasant Ridge Cemetery20c. LOCATION - City or Town, State
Walton County, FloridaPart
la.

DISPOSITION

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR
PERSON ACTING AS SUCH21b. LICENSE NUMBER
(of Licensee)
FE-385021c. NAME AND ADDRESS OF FACILITY
Comander Funeral Home-21 West Main Street
DeFuniak Springs, Florida 32433

CERTIFIER

22a. To the best of my knowledge, death occurred at the time, date and place and due to the
cause(s) as stated
(Signature and Title) *Solomon D. Reodica, MD.*22b. DATE SIGNED (Mo., Day, Yr.)
Feb. 29, 200022c. HOUR OF DEATH
4:12 P. M

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

23a. On the basis of examination and/or investigation, in my opinion death occurred
at the time, date and place and due to the cause(s) and manner as stated.
(Signature and Title) *Solomon D. Reodica, MD.*

23b. DATE SIGNED (Mo., Day, Yr.)

23c. HOUR OF DEATH

23d. MEDICAL EXAMINER CASE #

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)
Solomon D. Reodica, MD.; 672 Baldwin Avenue, DeFuniak Springs, Florida 32433

25a. SUBREGISTRAR - SIGNATURE AND DATE

25b. LOCAL REGISTRAR - SIGNATURE
*Harriet Simmons*25c. DATE REGISTERED
Mar 3, 2000

Part II

CAUSE OF DEATH BY CERTIFIER

IMMEDIATE CAUSE (Final
disease or condition
resulting in death) *Cardiac arrest*Sequentially list conditions,
if any, leading to immediate
cause. Enter UNDERLYING
CAUSE (Disease or injury
that initiated events
resulting in death) LAST.a. *Cardiac arrest*
b. *Acute myocardial infarction*
c. *Ischemic*
d. *Due to (OR AS A CONSEQUENCE OF):*PART II Other significant conditions contributing to death but not resulting in the
underlying cause given in Part I.*Pulmonary edema*27a. WAS AN AUTOPSY
PERFORMED?
(Yes or No)
No27b. WERE AUTOPSY FINDINGS
USED TO COMPLETE CAUSE
OF DEATH? (Yes or No)
No28. CASE REPORTED
TO MEDICAL
EXAMINER?
(Yes or No)
Yes

32a.

29. IF FEMALE, WAS THERE A
PREGNANCY IN THE PAST
3 MONTHS? YES NO

30a. IF SURGERY IS MENTIONED IN PART I OR IF OTHER CONDITION FOR WHICH IT WAS PERFORMED

30b. DATE OF SURGERY (Mo., Day, Year)

32f.

31. PROBABLE MANNER OF
DEATH (Specify)
Natural, accident, suicide,
homicide, or undetermined.
*Is of natural*32a. DATE OF INJURY
(Month, Day, Year)32b. TIME OF
INJURY
M32c. INJURY AT WORK?
(Yes or No)

32d. DESCRIBE HOW INJURY OCCURRED

32e. PLACE OF INJURY - At home, farm, street,
factory, etc. (Specify)

32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

HRS Form 512,
Jan. 93 (Previous
Editions Obsolete)DEPARTMENT OF HEALTH
WALTON COUNTY HEALTH DEPARTMENT

DATE MAR 03 2000

VOID IF ALTERED OR ERASED

LAVONIA GAINNEY

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