

REBECCA ANN ABEUCROMBIE
Name of Deceased

July 23, 1985

USUAL RESIDENCE

State 7 County W
City D.F.S.
Street Address 501 HERITAGE Apt.
Time in Walton County or D.F.S.

Date of Funeral _____ Hour _____
Place of Funeral CLUSTER SPRINGS CEMETERY
Minister REV. CHARLES W. HEWETT

PLACE OF DEATH

State 7 County SANTA ROSA
City MILTON
Name of Hospital SANTA ROSA Hosp.
Length of stay in hospital _____

Music _____
Cemetery CLUSTER SPRINGS

Date of Death July 21 85
Month Day Year Hour

PALLBEARERS

Sex F Married _____ Never Married _____
Widowed _____ Divorced _____

Date of Birth July 21 85 Age -

Birthplace MILTON, FLA

Usual Occupation _____

Business or Industry _____

Name of Spouse _____
Maiden name if wife _____

Father's Name DANNY RAY CARTER

Mother's Maiden Name MINNIE ABEUCROMBIE

Informant LINDA F. NOWLING

Address RT 7 BOX 1062 P.F.S.

Physician DR. THAMES

Address MILTON

Church Affiliation _____

Fraternal Affiliations _____

In U.S. Armed Forces _____

Social Security No. _____

SURVIVORS

Spouse

Father Daw Carter - Opp, ALA
Mother Minnie Abercrombie - D.F.S.

Daughters:-

Sons

~~Chris~~ ¹ Chris Abercrombie - D.F.S
2 Sisters ~~Ricky~~ ¹ Ricky Abercrombie, - Palmdale, 7LA
~~Amanda~~ ² Amanda " - D.F.S

1 Brothers Ricky Abercrombie - Palmdale, 7LA

Grandchildren

Great Grandchildren

Meet Family

Place

Time

Family Telephone

Start Repose Family Friends

Cards - Pull Leave

Mark Grave

Grave Marker - Yes No

Call Rustin - Vault Up Down

Call Escort Jake Organist

Paper - Obit

Discharge papers (if Vet)

Hair Style

Facial Hairs Pull Leave

Jewelry

Glasses

Tissue Builder

FLORIDA

LOCAL FILE NO.

DECEDENT - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (Mo., Day, Yr.)
 1 Rebecca Ann Adercrombie 2 Female 3 July 21, 1985
 7a RACE - (a) White (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

DECEDENT

7b CITY, TOWN OR LOCATION OF DEATH 7c HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) 7d IF HOSP. OR INST. (Indicate DOA, OP/Emer. Rm., Inpatient (Specify))
 7b Milton 7c Santa Rosa County Hospital 7d Inpatient
 8 STATE OF BIRTH (If U.S.A., name country) 9 CITIZEN OF WHAT COUNTRY 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 SURVIVING SPOUSE (If wife, give maiden name)
 8 Florida 9 U.S.A. 10 Never Married 11
 12 SOCIAL SECURITY NUMBER 13a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13b KIND OF BUSINESS OR INDUSTRY
 12 13a 13b
 14 RESIDENCE - STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No)
 14a Florida 14b Walton 14c DeFuniak Springs 14d 501 Heritage Apts. South 19th St. 14e Yes

PARENTS

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST
 15a Florida 15b Walton 15c DeFuniak Springs 15d 501 Heritage Apts. South 19th St. 15e Yes
 16a Minnie 16b Adercrombie

DISPOSITION

17a INFORMANT - NAME (Type or Print) MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
 17a Linda F. Nowling 17b Rt. 7, Box 1062, DeFuniak Springs, Fla. 32433
 18a BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE
 18a Burial 18b Cluster Springs 18c Rural Walton County, Fla.

CERTIFIER

19a FUNERAL DIRECTOR - (Signature) FUNERAL HOME ADDRESS
 19a Robert M. Comander 19b Comander Funeral Home, DeFuniak Springs, Fla. 32433
 20a To the best of my knowledge, death occurred on the date, date and place and due to the cause(s) stated. (Signature and Title) 20b DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH
 20a [Signature] 20b 7/26/85 10:25 AM
 20c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21a 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) stated. (Signature and Title) 21b DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH
 20c 21a 21b 21c M
 20d 21d ON 21e AT M

REGISTRAR

22 NAME AND ADDRESS OF REGISTRAR (PHYSICIAN, MEDICAL EXAMINER) (Type or print) DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
 22 Rufus Thomas, M.D. 502 STEWART ST. NE, MILTON, FL 32570
 23a (Signature) 23b

CAUSE OF DEATH

24 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE OR PHRASE FOR (a), (b), AND (c).) Interval between onset and death
 24a (a) Hypertensive Membrane Disease 24b Short
 24c (b) Spontaneous (6 months) gestation 24d Short
 24e (c)
 25 PART II OTHER (SIGNIFICANT) CONTRIBUTING CAUSES contributing to death but not related to cause given in PART I (a) PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Yes No) 25 AUTOPSY (yes or no) 26 CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no)
 25 26 NO 26 NO

27a PROBABLE ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (Specify) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED
 27a 27b 27c M 27d
 27e INJURY AT WORK (Specify Yes or No) PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE
 27e 27f 27g

State of Florida, Department of Health and Rehabilitative Services, Vital Statistics