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: 2020159214

DATE ISSUED: NOVEMBER 18, 2020

DATE FILED: SEPTEMBER 3, 2020

DECEDENT INFORMATION

NAME: ALFONSO RODRIGUEZ LUNA

DATE OF DEATH: AUGUST 21, 2020 SEX: MALE SSN: 999-99-9999 AGE: 049 YEARS
DATE OF BIRTH: FEBRUARY 3, 1971 BIRTHPLACE: MEXICO
PLACE OF DEATH: EMERGENCY ROOM/OUTPATIENT
FACILITY NAME OR STREET ADDRESS: MEMORIAL HOSPITAL WEST
LOCATION OF DEATH: PEMBROKE PINES, BROWARD COUNTY, 33028
RESIDENCE: 100 WEST 16TH STREET, HIALEAH, FLORIDA 33010, UNITED STATES COUNTY: MIAMI-DADE
OCCUPATION, INDUSTRY: PICKER, AGRICULTURE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE EVER IN U.S. ARMED FORCES? NO
HISPANIC OR HAITIAN ORIGIN? YES, MEXICAN
RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED
SURVIVING SPOUSE NAME: MARIA DEL ROCIO RAMOS FLORES
FATHER'S/PARENT'S NAME: ARISTEO RODRIGUEZ GARCIA
MOTHER'S/PARENT'S NAME: MARIA DEL PILAR LUNA SANTILLAN

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: MARCO ANTONIO MEDINA
RELATIONSHIP TO DECEDENT: BROTHER IN LAW
INFORMANT'S ADDRESS: PASEO DE MARQUES 5617 COL VALLE DEL, MARQUEZ, 64790, MEXICO
FUNERAL DIRECTOR/LICENSE NUMBER: ANDRES ARCELAY, F044288
FUNERAL FACILITY: ARCELAYS FUNERAL SERVICES F077062
13700 NW 19TH AVENUE #8, OPA LOCKA, FLORIDA 33054
METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: ARCELAYS FUNERAL SERVICES
OPA-LOCKA, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER MEDICAL EXAMINER CASE NUMBER: 20174571
TIME OF DEATH (24 HOUR): 1654 DATE CERTIFIED: OCTOBER 2, 2020
CERTIFIER'S NAME: MARCELA FERNANDES CHISTE
CERTIFIER'S LICENSE NUMBER: ME116275
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: ACCIDENT
CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH
a. HEAT STROKE

b.

c.

d.

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

AUTOPSY PERFORMED? YES AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? YES
DATE OF SURGERY: DID TOBACCO USE CONTRIBUTE TO DEATH? NO
REASON FOR SURGERY:
PREGNANCY INFORMATION: NOT APPLICABLE
DATE OF INJURY: AUGUST 21, 2020 TIME OF INJURY (24 HOUR): UNKNOWN INJURY AT WORK? YES
LOCATION OF INJURY: 14741 SUNSET LANE, SOUTHWEST RANCHES, FLORIDA 33330, UNITED STATES
DESCRIBE HOW INJURY OCCURRED:
Exposure to hot environment

PLACE OF INJURY: OUTSIDE
IF TRANSPORTATION INJURY, STATUS OF DECEDENT: TYPE OF VEHICLE:

Ken Jones ,STATE REGISTRAR

REQ: 2022119081

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. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.

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DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD

Florida HEALTH