

FLORIDA CERTIFICATE OF DEATH

FILE NO. 227

DECEASED'S NAME (First, Middle, Last, Suffix) **Caylee Marie Anthony** 2. SEX **Female**

DATE OF BIRTH (Month, Day, Year) **August 9, 2005** 4a. AGE-Last Birthday (Years) **3** 4b. UNDER 1 YEAR Months Days 4c. UNDER 1 DAY Hours Minutes 5. DATE OF DEATH (Month, Day, Year) **Found December 11, 2008**

SOCIAL SECURITY NUMBER **770-42-1153** 7. BIRTHPLACE (City and State or Foreign Country) **Orlando, Florida** 8. COUNTY OF DEATH **Orange**

PLACE OF DEATH (Check only one) HOSPITAL:  Inpatient  Emergency Room/Outpatient  Dead on Arrival  
NON-HOSPITAL:  Hospice facility  Nursing Home/Long Term Care facility  Decedent's Home  Other (Specify) **WOODS**

9. FACILITY NAME (If not institution, give street address) **8900 block of Suburban Drive** 11a. CITY, TOWN, OR LOCATION OF DEATH **Orlando** 11b. INSIDE CITY LIMITS?  Yes  No

2. MARITAL STATUS (Specify)  Married  Married, but Separated  Widowed  Divorced  Never Married 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)

4a. RESIDENCE - STATE **Florida** 14b. COUNTY **Orange** 14c. CITY, TOWN, OR LOCATION **Orlando**

4d. STREET ADDRESS **4937 Hopespring Drive** 14e. APT. NO. 14f. ZIP CODE **32829** 14g. INSIDE CITY LIMITS?  Yes  No

5a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.; Do not use "Retired") **Never Worked** 15b. KIND OF BUSINESS/INDUSTRY **Never Worked**

6. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)  
 White  Black or African American  American Indian or Alaskan Native (Specify tribe)  
 Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian (Specify)  
 Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Isl. (Specify)  Other (Specify)

7. DECEDENT OF HISPANIC OR ITALIAN ORIGIN? Specify if decedent was of Hispanic or Italian Origin.  Yes (If Yes, specify)  No  Mexican  Puerto Rican  Cuban  Central/South American  Other Hispanic (Specify)  Italian

8. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)  
 8th or less  High school b/c diploma  High school diploma or GED  College but no degree  College degree (Specify)  Associate  Bachelor's  Master's  Doctorate 19. WAS DECEDENT EVER IN U.S. ARMED FORCES?  Yes  No

10. FATHER'S NAME (First, Middle, Last, Suffix) **Unknown** 21. MOTHER'S NAME (First, Middle, Maiden Surname) **Casey Marie Anthony**

22a. INFORMANT'S NAME **Cynthia M. Anthony** 22b. RELATIONSHIP TO DECEDENT **Grandmother** 23a. INFORMANT'S MAILING - STATE **Florida**

23b. CITY OR TOWN **Orlando** 23c. STREET ADDRESS **4937 Hopespring Drive** 23d. ZIP CODE **32829**

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Orlando Crematory** 25a. LOCATION - STATE **Florida** 25b. LOCATION - CITY OR TOWN **Orlando**

26. METHOD OF DISPOSITION  Burial  Entombment  Cremation  Donation  Removal from State  Other (Specify)

26a. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED?  Yes  No 27a. LICENSE NUMBER (of Licenses) **FO45459** 27b. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH **Robert Bryant**

28. NAME OF FUNERAL FACILITY **Robert Bryant Services, Inc.** 29a. FACILITY'S MAILING - STATE **Florida**

29b. CITY OR TOWN **Orlando** 29c. STREET ADDRESS **321 E. Michigan Street** 29d. ZIP CODE **32806**

30. CERTIFIER  Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.  
 Medical Examiner - 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 stated.

31. DATE SIGNED (mm/dd/yyyy) **12.22.2008** 32. TIME OF DEATH (24 hr.) **Found 1230** 33. MEDICAL EXAMINER'S CASE NUMBER **080901567**

34. LICENSE NUMBER (of Certifier) **ME 88580** 34b. CERTIFIER'S NAME **Jan C. Caravaglia MD Chief Medical Examiner** 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)

36a. CERTIFIER'S STATE **Florida** 36b. CITY OR TOWN **Orlando** 36c. STREET ADDRESS **1401 Lucerne Terrace** 36d. ZIP CODE **32806**

37. SUBREGISTRAR - Signature and Date **Wanda Coleman** 38a. LOCAL REGISTRAR - Signature **Wanda Coleman** DEPUTY REGISTRAR 38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) **DEC 31 2008**

VOID IF ALTERED OR ERASED

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