

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

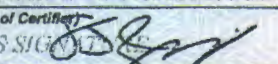
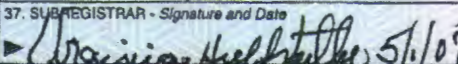
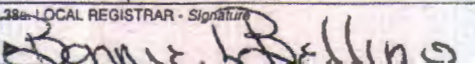
CERTIFIED COPY

FL

CAL FILE NO.

FLORIDA CERTIFICATE OF DEATH

07 013882

1. DECEDENT'S NAME (First, Middle, Last, Suffix) SCOTT BIGELOW				2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) September 1, 1961		4a. AGE-Last Birthday (Years) 45		4b. UNDER 1 YEAR Months _____ Days _____	
		4c. UNDER 1 DAY Hours _____ Minutes _____		5. DATE OF DEATH (Month, Day, Year) Found January 19, 2007	
6. SOCIAL SECURITY NUMBER 151-62-3909		7. BIRTHPLACE (City and State or Foreign Country) Jersey City, New Jersey		8. COUNTY OF DEATH Pasco	
9. 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) _____					
10. FACILITY NAME (If not institution, give street address) 12314 Morgan Road				11a. CITY, TOWN, OR LOCATION OF DEATH Hudson	
				11b. INSIDE CITY LIMITS? ____ Yes ☒ ____ No	
12. MARITAL STATUS (Specify) ____ Married ____ Married, but Separated ____ Widowed ☒ Divorced ____ Never Married					
14a. RESIDENCE - STATE Florida		14b. COUNTY Pasco		14c. CITY, TOWN, OR LOCATION Hudson	
14d. STREET ADDRESS 12314 Morgan Road				14e. APT. NO. _____	
				14f. ZIP CODE 34659	
14g. INSIDE CITY LIMITS? ____ Yes ☒ ____ No					
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" Professional Wrestler				15b. KIND OF BUSINESS/INDUSTRY Entertainment	
16. 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)					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? ____ Yes (If Yes, specify) ☒ No (Specify if decedent was of Hispanic or Haitian Origin.) ____ Mexican ____ Puerto Rican ____ Cuban ____ Central/South American ____ Other Hispanic (Specify) ____ Haitian					
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) ____ 8th or less ____ High school but no diploma ☒ High school diploma or GED ____ College but no degree ____ College degree (Specify): ____ Associate ____ Bachelor's ____ Master's ____ Doctorate					18. WAS DECEDENT EVER IN U.S. ARMED FORCES? ____ Yes ☒ ____ No
20. FATHER'S NAME (First, Middle, Last, Suffix) William Bigelow			21. MOTHER'S NAME (First, Middle, Maiden Surname) Diana Manino		
22a. INFORMANT'S NAME Todd Bigelow			22b. RELATIONSHIP TO DECEDENT Brother		23a. INFORMANT'S MAILING - STATE Florida
23b. CITY OR TOWN Spring Hill		23c. STREET ADDRESS 6441 Covewood Drive			23d. ZIP CODE 34609
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Monmouth Memorial Park			25a. LOCATION - STATE New Jersey		25b. LOCATION - CITY OR TOWN Tinton Falls
26a. METHOD OF DISPOSITION ____ Burial ____ Entombment ____ Cremation ____ Donation ☒ Removal from State ____ Other (Specify)					
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? ☒ Yes ____ No		27a. LICENSE NUMBER (of Licensee) 3163		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 	
28. NAME OF FUNERAL FACILITY Loyless Funeral Home				29a. FACILITY'S MAILING - STATE Florida	
29b. CITY OR TOWN Land O' Lakes		29c. STREET ADDRESS 5310 Land O' Lakes Blvd			29d. ZIP CODE 34639
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. (Check one) ☒ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.					
31a. (Signature and Title of Certifier)  PHYSICIAN'S SIGNATURE		31b. DATE SIGNED (mm/dd/yyyy) 05/01/2007		32. TIME OF DEATH (24 hr.) Found 1031	
34a. LICENSE NUMBER (of Certifier) ME 80313		34b. CERTIFIER'S NAME Susan Ignacio, M.D., M.E.		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
36a. CERTIFIER'S - STATE Florida		36b. CITY OR TOWN Largo		36c. STREET ADDRESS 10900 Ulmerton Rd.	
				36d. ZIP CODE 33778	
37. SUBREGISTRAR - Signature and Date  Travis Huelsholtz 5/1/07		38a. LOCAL REGISTRAR - Signature  Bonnie Bellino		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) MAY 3, 2007	

VOID IF ALTERED OR ERASED

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