

Hodges Family Funeral Home

Arrangement Record - FL

1. DECEDENT'S NAME (First, Middle, Last, Suffix) **G-46**
Frederick R Hatfield

2. SEX
Male

3. DATE OF BIRTH (Month, Day, Year)
April 12, 1903

4a. AGE - Last Birthday (Years)
103

4b. UNDER 1 YEAR
 Months Days

4c. UNDER 1 DAY
 Hours Minutes

5. DATE OF DEATH (Month, Day, Year)
December 13, 2006

6. SOCIAL SECURITY NUMBER
365-24-0255

7. BIRTHPLACE (City and State or Foreign Country)
Vermontville, Michigan

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)
14235 Edwinola Way

11a. CITY, TOWN, OR LOCATION OF DEATH
Dade City

11b. INSIDE CITY LIMITS?
☒ Yes ☐ No

12. MARITAL STATUS (Specify)
☐ Married ☐ Married, but Separated ☒ Widowed ☐ Divorced ☐ Never Married

13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)

14a. RESIDENCE - STATE
Florida

14b. COUNTY
Pasco

14c. CITY, TOWN, OR LOCATION
Zephyrhills

14d. STREET ADDRESS
5616 23rd Street

14e. APT. NO.
33540

14f. ZIP CODE
33540

14g. INSIDE CITY LIMITS?
☒ Yes ☐ No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.)
Bookkeeper

15b. KIND OF BUSINESS/INDUSTRY
Payroll Department

Employed By Yrs Location
0

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 LATIN ORIGIN?
 (Specify if decedent was of Hispanic or Mexican Origin.) ☐ Yes (If Yes, specify) ☒ No ☐ 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

19. WAS DECEDENT EVER IN U.S. ARMED FORCES?
☐ Yes ☒ No

20. FATHER'S NAME (First, Middle, Last, Suffix)
Claude D Hatfield

21. MOTHER'S NAME (First, Middle, Maiden Surname)
Leila Sprague

22a. INFORMANT'S NAME
Howard O Hatfield

22b. RELATIONSHIP TO DECEDENT
Brother

22c. INFORMANT'S MAILING - STATE
Florida

23a. CITY OR TOWN
Wesley Chapel

23b. STREET ADDRESS
28444 Trident Court

23c. ZIP CODE
33543

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
Cremation Center

25a. LOCATION - STATE
Florida

25b. LOCATION - CITY OR TOWN
Zephyrhills

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

Services

Place **Hodges Family Funeral Home** Date Time

Minister **Minister's Church**

Special Music **Organist**

Other Service Type Other Service Date Other Service Time

Other Service Place

Family Car Address Time Wanted Phone

Viewings

Viewing **Family Viewing**

Place, Date, Time, etc. Place, Date, Time, etc.

Memorials To:

Rec'd 12/13/06
 3:00 P.M.

buried ashes
 May 17, 2007 lot 46 - Plot B