

# GEORGIA DEATH CERTIFICATE

State File Number **2022GA000068541**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) <b>ROBERT DEE ROSE</b>		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX <b>MALE</b>	2a. DATE OF DEATH (Mo., Day, Year) <b>ACTUAL DATE OF DEATH 09/09/2022</b>	
3. SOCIAL SECURITY NUMBER	4a. AGE (Years) <b>51</b>	4b. UNDER 1 YEAR Mos.	4c. UNDER 1 DAY Days	5. DATE OF BIRTH (Mo., Day, Year) <b>04/01/1971</b>		
6. BIRTHPLACE <b>GEORGIA</b>	7a. RESIDENCE - STATE <b>GEORGIA</b>	7b. COUNTY <b>CHEROKEE</b>		7c. CITY, TOWN <b>CANTON</b>		
7d. STREET AND NUMBER <b>772 OLD LATHAMTOWN ROAD</b>		7e. ZIP CODE <b>30115</b>	7f. INSIDE CITY LIMITS? <b>NO</b>	8. ARMED FORCES? <b>NO</b>		
8a. USUAL OCCUPATION <b>BUSINESS OWNER</b>		8b. KIND OF INDUSTRY OR BUSINESS <b>VARIOUS</b>				
9. MARITAL STATUS <b>MARRIED</b>		10. SPOUSE NAME <b>AMY WHITEMAN</b>		11. FATHER'S FULL NAME (First, Middle, Last) <b>WILLIAM IVEY</b>		
12. MOTHER'S MAIDEN NAME (First, Middle, Last) <b>JENNIFER STRAHLER</b>		13a. INFORMANT'S NAME (First, Middle, Last) <b>AMY ROSE</b>		13b. RELATIONSHIP TO DECEDENT <b>WIFE</b>		
13c. MAILING ADDRESS <b>772 OLD LATHAMTOWN ROAD CANTON GEORGIA 30115</b>				14. DECEDENT'S EDUCATION <b>SOME COLLEGE CREDIT LEADING TO A BACHELOR'S DEGREE</b>		
15. ORIGIN OF DECEDENT (Spanish/Hispanic/Latino) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) <b>WHITE</b>				
17a. IF DEATH OCCURRED IN HOSPITAL		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) <b>DECEDENT'S HOME</b>				
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) <b>772 OLD LATHAMTOWN ROAD</b>		19. CITY, TOWN OR LOCATION OF DEATH <b>CANTON</b>		20. COUNTY OF DEATH <b>CHEROKEE</b>		
21. METHOD OF DISPOSITION (specify) <b>BURIAL</b>		22. PLACE OF DISPOSITION <b>YONAH MEMORIAL GARDENS, INC HWY 441 SOUTH DEMOREST GEORGIA 30535</b>		23. DISPOSITION DATE (Mo., Day, Year) <b>09/13/2022</b>		
24a. EMBALMER'S NAME		24b. EMBALMER LICENSE NO.		25. FUNERAL HOME NAME <b>CANTON FUNERAL HOME AT MACEDONIA MEMORIAL PARK</b>		
25a. FUNERAL HOME ADDRESS <b>10655 E CHEROKEE DRIVE CANTON GEORGIA 30115</b>						
26a. SIGNATURE OF FUNERAL DIRECTOR <b>MICHAEL DAVID BAILEY</b>			26b. FUN. DIR. LICENSE NO <b>5532</b>		AMENDMENTS	
27. DATE PRONOUNCED DEAD (Mo., Day, Year) <b>09/09/2022</b>		28. HOUR PRONOUNCED DEAD <b>01:39 AM</b>				
29a. PRONOUNCER'S NAME <b>JENNIFER ILENE HALL PINNELL</b>			29b. LICENSE NUMBER <b>RN089746</b>		29c. DATE SIGNED <b>09/09/2022</b>	
30. TIME OF DEATH <b>01:39 AM</b>			31. WAS CASE REFERRED TO MEDICAL EXAMINER <b>NO</b>			
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, Or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  A. <b>CIRRHOSIS OF LIVER</b> Due to, or as a consequence of  B. Due to, or as a consequence of  C. Due to, or as a consequence of  D.						Approximate interval between onset and death  <b>YEARS</b>
Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death.			33. WAS AUTOPSY PERFORMED? <b>NO</b>		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
35. TOBACCO USE CONTRIBUTED TO DEATH <b>UNKNOWN</b>		36. IF FEMALE (range 10-54) PREGNANT <b>NOT APPLICABLE</b>		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) <b>NATURAL</b>		
38. DATE OF INJURY (Mo., Day, Year)	39. TIME OF INJURY	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)			41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)						
43. DESCRIBE HOW INJURY OCCURRED				44. IF TRANSPORTATION INJURY		
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) <b>BRYAN HOOKER, MD, 032586</b>			46. 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. Medical Examiner/Coroner (Name, Title, License No.)			
45a. DATE SIGNED (Mo., Day, Year) <b>09/18/2022</b>		45b. HOUR OF DEATH <b>01:39 AM</b>		46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>BRYAN HOOKER 14 SAMMY MCGHEE BLVD JASPER GEORGIA 30143</b>						
48. REGISTRAR (Signature) <b>/S/ CHRISTOPHER JP HARRISON</b>				49. DATE FILED - REGISTRAR (Mo., Day, Year) <b>09/19/2022</b>		



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AND 511-1-3 DPH RULES AND REGULATIONS.

*Christopher J. Harrison*

STATE REGISTRAR AND CUSTODIAN

GEORGIA STATE OFFICE OF VITAL RECORDS

COUNTY CUSTODIAN: *Graciana L. Brown*

ISSUED BY: *Devin Newman*

DATE ISSUED: DEC 12 2022

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