GEORGIA DEATH CERTIFICATE

State File Number

2022GA000068541

DECEDENT'S LEGAL FULL NAME (First, Middle, Last)			1a. IF F	1a. IF FEMALE, ENTER LAST NAME AT BIRTH				2:	a. DATE OF DEATH (Mo., Day, Year)	
ROBERT DEE ROSE			A LEGIS					A	CTUAL DATE OF DEATH 09/09/2022	
3. SOCIAL SECURITY NUMBER	4a. AGE	(Years)	4b. UNDER	R 1 YEAR	4c. UNDER	1 DAY	5. DATE OF	BIRTH (Mo.	, Day, Year)	
		51	Mos.	Days	Hours	Mins.	04/01/1	971		
6. BIRTHPLACE	7a. RI	ESIDENCE - STAT	E	7b. COUNT	Y		7c. CIT	Y, TOWN	CONTRACTOR OF THE STATE OF THE	
GEORGIA GEORGIA				CHEROKEE				CANTON		
7d. STREET AND NUMBER			RESIDENCE TO THE	7e.	ZIP CODE	7f. INSIDE CI	ITY LIMITS? 8. ARMED FORCES?		. ARMED FORCES?	
772 OLD LATHAMTOWN ROAD				30	115	NO		Anthropin E E a	NO	
8a USUAL OCCUPATION	Participal S	Margallery	111722	8b. KIND OF	INDUSTRY OF	RBUSINESS	man may		Transport Control of C	
BUSINESS OWNER				VARIOUS						
9. MARITAL STATUS	P. S. Allendario		CENTRE NACONO	Harman Har	1	11. FATHER	'S FULL NAME (First, Middle, Last)			
MARRIED	1	AMY WHITEMAN WILLIAM IVEY								
12. MOTHER'S MAIDEN NAME (First, M	iddle, Last)	13a. INFORMA	ANT'S NAM	E (First, Midd	le, Last)			13b. REL	ATIONSHIP TO DECEDENT	
JENNIFER STRAHLER AMY ROSE				WIF						
13c. MAILING ADDRESS				14. DECEDENT					LICATION	
772 OLD LATHAMTOWN ROAD	ANTON G	EORGIA 30115					I dismonde & t		EDIT LEADING TO A BACHELOR'S DEGREE	
15. ORIGIN OF DECEDENT(Spanish/His	THE R. P. LEWIS CO., LANSING.	TO SECURITION OF STREET		16. DECEDE	ENT'S RACE (V	Vhite, Black, Am				
NO, NOT SPANISH/HISPANIC/LA			Mindelson T T 160	WHITE		Anni Siri		, , , , , , , , ,		
17a. IF DEATH OCCURRED IN HOSPIT	AL	A S S S S S S S S S S S S S S S S S S S	Name of the last o	STATE OF STREET, STATE	DEATH OCCUP		THAN HOSP	ITAL (Speci	fy)	
18. HOSPITAL OR OTHER INSTITUTIO	N NAME (If r	not in either give st	reet and no.		9. CITY, TOWN		LOE DEATH	THE PARTY NAMED IN	20. COUNTY OF DEATH	
772 OLD LATHAMTOWN ROAD	(,,)	9,70 30	270 770.	全通水源 医西安 自治	CANTON	O LOCATION	OF DEATH		CHEROKEE	
21. METHOD OF DISPOSITION (specify) 22. PLACE OF				A CATALOGN & S. SECRETOR S. SECRETOR S. D. SECRETOR					23. DISPOSITION DATE (Mo., Day, Year)	
BURIAL	ARDENS, INC HWY 441 SOUTH DEMOREST GI				30535	09/13/2022				
24a. EMBALMER'S NAME 24b. EMB			IBALMER L	ALMER LICENSE NO. 25. FUNERAL HOME N			NAME L HOME AT MACEDONIA MEMORIAL PARK			
25a. FUNERAL HOME ADDRESS		E I COMMON E E COMMON	S S S S S S S S S S S S S S S S S S S	123323	water 3 I seems				Bull Carried Committee Com	
10655 E CHEROKEE DRIVE CAN	TON GEOF	RGIA 30115								
26a. SIGNATURE OF FUNERAL DIREC	TOR	**********			26b. FUN. DIF	R. LICENSE NO	AMENDA	MENTS	THE RESERVE TO SERVE THE PROPERTY OF THE PARTY OF THE PAR	
MICHAEL DAVID BAILEY					5532					
27. DATE PRONOUNCED DEAD (Mo., D	Jay Voor)	20 HOUR D	DONOLING	ED DEAD	3332					
09/09/2022	Jay, Tear)	28. HOUR P	RUNUUNC	ED DEAD			Service			
29a. PRONOUNCER'S NAME				29b. LICENSE NUMBER				29c. DATE SIGNED		
JENNIFER ILENE HALL PINNEL	Account mar			SPION TE THEORY	RN089746	OWIDER		09/09/20		
30. TIME OF DEATH		(2) 日本名の公司 (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Carlo San	AND ADDRESS OF THE PARTY OF THE	AS CASE REFE	PPED TO MED	DICAL EVAN		322	
01:39 AM				NO	O CAGE INELLE	KKED TO WEL	DICAL EXAM	IIIVEN		
32. Part I. Enter the chain of events-diseases, inju	ries, or complic	cations that directly car	used the death		r terminal events s	uch as cardiac arre	rest	App	proximate interval between onset and death	
respiratory arrest, Or ventricular fibrillation without	t showing the e	tiology. DO NOT ABBI	REVIATE.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
IMMEDIATE CAUSE (Final	A. CIRRI	RRHOSIS OF LIVER						TELEPISE !	YEARS	
disease or condition resulting in	Due to, or as a consequence of						11		Marie II Acottes II Section II amount II amount II	
death)	B.									
	Due to, or as a consequence of						II aman II		NAME OF TAXABLE PARTY OF THE PARTY OF TAXABLE PARTY.	
	C.							TOTAL ST. S.		
		Due to, or a	s a consequ	ence of		The second secon	Section 2 2 Sections		Secretary 2 Concession 2 Conces	
	D.							ARABA LA		
Part II. Enter significant conditions contrib				Tonne ()	33. WAS	AUTOPSY PE	RFORMED?	34. WE	ERE AUTOPSY FINDINGS AVAILABLE TO	
given in Part 1A. If female, indicate if pre	gnant or birti	h occurred within 9	0 days of d	eath.	NO			COMP	LETE THE CAUSE OF DEATH?	
35. TOBACCO USE CONTRIBUTED TO	DEATH	00 15 5	MALE	40 50 5-	3 14 2 4 5 5 5	A SA	07.10			
	DEATH			ge 10-54) PR	EGNANT		No. of the last of		CIDE, HOMICIDE, UNDETERMINED (Specify)	
UNKNOWN	20 TI		PLICABI	PERSONAL PROPERTY.	1 the state of the	route \$ \$ navener }	NATUR		and I have been a family of the second of th	
38. DATE OF INJURY (Mo., Day, Year)	39. 11	ME OF INJURY	10. PLACE	OF INJURY (Home, Farm, S	treet, Factory, C	Office, Etc.) (Specify)	41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apa	rtment Numb	per, City or Town, S	State, Zip, C	County)	Homes III	AND THE PROPERTY OF THE PROPER		To a second seco	The state of the s	
The state of the s	TT AND DOC	A francisco de la company	The state of the s	Section 1	Control of the second		The part	* 1 1 2 3 3 4 3	pethypethypethypethypethypeth	
43. DESCRIBE HOW INJURY OCCURR	ED					1111	44. IF TRAN	SPORTATIO	ON INJURY	
45. To the best of my knowledge death o and due to the cause(s) stated. Medical (46. Or	n the basis of ex	kamination and/	/or investigat	ion, in my o	pinion death occurred at the time, date Goroner (Name, Title, License No.)	
BRYAN HOOKER, MD, 032586		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and pi	25 2110 000 10	30.3(3) 50		Examiner/	(Mario, Mile, Electrice No.)	
45a. DATE SIGNED (Mo., Day, Year)	451	. HOUR OF DEAT	Н	462 [DATE SIGNED	Mo Day Year	r)	6b. HOUR	DEDEATH	
09/18/2022	Personal Print	:39 AM	Sancton I I was	40a, L	THE OIGINED	J., Day, Tear	decr.	DON'T	Side of the sale o	
47. NAME, ADDRESS, AND ZIP CODE			NISE OF D	EATH	13.0000 11.0			The second second	3	
BRYAN HOOKER 14 SAMMY MC						2	61112	65	\$	
	ONCE BL	VU JASPER GE	OKGIA 3	0143	S. S. Santon, S. S. S.	The same of	and the last	1111		
48.REGISTRAR (Signature) /S/ CHRISTOPI	HER JP HA	ARRISON				19/11	DESCRIPTION OF THE PARTY OF THE	CORPORATE A PROPERTY.	REGISTRAR (Mo., Day, Year)	
Desired I believe a restrict to the	ASSASSA	Hayaridayı,	A A S Y S S	A STREET, S. S.		1866	09/19/	2022		

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 511-1-3 DPH RULES AND REGULATIONS.

COUNTY EUSFORIAN

AA . English

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

ISSUED BY

DATE ISSUED:

DEC 10

DEC 12 2022

Any reproduction of this document is prohibited by statute. Do not accept unless embossed with a raised seal.

VOID IF ALTERED OR COPIED