

GEORGIA DEATH CERTIFICATE

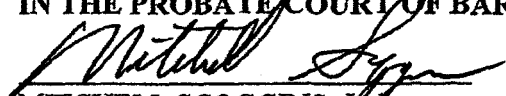
Birth Number

State File Number **2011GA000011584**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) IRA MAE STEPHENS		1a. IF FEMALE, ENTER LAST NAME AT BIRTH TATE		2. SEX FEMALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 05/09/2011	
3. SOCIAL SECURITY NUMBER 252-22-4183	4a. AGE (YEARS) 93	4b. UNDER 1 YEAR Mos. Days Hours Mins.	4c. UNDER 1 DAY		5. DATE OF BIRTH (Mo., Day, Year) 12/15/1917	
6. BIRTHPLACE GEORGIA	7a. RESIDENCE - STATE GEORGIA		7b. COUNTY BARTOW		7c. CITY, TOWN ADAIRSVILLE	
7d. STREET AND NUMBER 106 NOLAN STREET		7e. ZIP CODE 30103	7f. INSIDE CITY LIMITS? YES		8. ARMED FORCES? NO	
8a. USUAL OCCUPATION HOMEMAKER		8b. KIND OF INDUSTRY OR BUSINESS HOME				
9. MARITAL STATUS WIDOWED		10. SPOUSE NAME EDWIN A STEPHENS		11. FATHER'S FULL NAME (First, Middle, Last) HENRY GRADY TATE		
12. MOTHER'S MAIDEN NAME (First, Middle, Last) LILY ADA SHOPE		13a. INFORMANT'S NAME (First, Middle, Last) AUSTIN STEPHENS			13b. RELATIONSHIP TO DECEDENT SON	
13c. MAILING ADDRESS 453 LEEK ROAD, ADAIRSVILLE, GEORGIA 30103			14. DECEDANT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED			
15. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO			16. DECEDENT'S RACE (White, Black, Amer., Indian, etc.) (Specify) WHITE			
17a. IF DEATH OCCURRED IN HOSPITAL			17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Indicate DOA, OP/EMER., Rm., Inpatient) (Specify) DECEDENT'S HOME			
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.) 106 NOLAN STREET ADAIRSVILLE, GEORGIA 30103			19. CITY, TOWN or LOCATION OF DEATH ADAIRSVILLE		20. COUNTY OF DEATH BARTOW	
21. METHOD OF DISPOSITION (Specify) BURIAL		22. PLACE OF DISPOSITION EASTVIEW CEMETERY ADAIRSVILLE, GEORGIA 30103 BARTOW			23. DISPOSITION DATE (Mo., Day, Year) 05/12/2011	
24a. EMBALMER'S NAME ROBERT D BARTON IV		24b. EMBALMER LICENSE NO. 2843		25. FUNERAL HOME NAME R DUDLEY BARTON & SON FUN HOME		
25a. FUNERAL HOME ADDRESS ADAIRSVILLE, GEORGIA 30103						
26a. SIGNATURE OF FUNERAL DIRECTOR /S/ ROBERT D BARTON IV				26b. FUN. DIR. LICENSE NO. 3444		
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 05/09/2011		28. HOUR PRONOUNCED DEAD 01:45 PM				
29a. PRONOUNCER'S NAME BROOKLYN H STOVER			29b. LICENSE NUMBER 156544		29c. DATE SIGNED 05/09/2011	
30. TIME OF DEATH 01:45 PM		31. WAS CASE REFERRED TO MEDICAL EXAMINER NO				
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 ABBRVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death)					Approximate interval between onset and death YEARS	
A. ALZHEIMERS DISEASE Due to, or as a consequence of						
B. Due to, or as a consequence of						
C. Due to, or as a consequence of						
D. Due to, or as a consequence of						
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? NO		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
35. TOBACCO USE CONTRIBUTED TO DEATH NO		36. IF FEMALE NOT APPLICABLE			37. ACCIDENT, SUICIDE, HOMICIDE, UNDERTERMINED (Specify)	
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.) /S/ JAMES WHATLEY MD 20622				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) 05/17/2011		45b. HOUR OF DEATH 01:45 PM		46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JAMES WHATLEY 1825 MARTHA BERRY BLVD, ROME, GEORGIA 30165						
48. REGISTRAR (Signature) /S/ Kenneth Bramlett				49. DATE FILED - REGISTRAR (Mo., Day, Year) 05/18/2011		

CERTIFICATE OF RECORD

**THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING
IN THE PROBATE COURT OF BARTOW COUNTY, GEORGIA.**



MITCHELL SCOGGINS, Judge

DATE

May 18th 2011



CLERK'S SIGNATURE