

CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number

Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

1. DECEASED DECEDENT'S NAME George Donald Tabakian		2. SEX Male		3. DATE OF DEATH (Mo., Day, Year) Feb 13, 1983	
4. RACE (White, Black, Amer. Indian, etc.) White		5. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) American		6. DATE OF BIRTH (Mo., Day, Year) Oct 28, 1920	
7a. AGE Last Birthday (Years) 62		7b. UNDER 1 YEAR Mos. Days		7c. UNDER 1 DAY Hours Mins.	
8a. COUNTY OF DEATH Chatham		9a. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.) St. Joseph Hospital Savannah Georgia		9b. IF HOSPITAL OR INST. (Indicate DDA, DP/EMER, Rm. Inpatient) (Specify) Inpatient	
10a. STATE OF BIRTH (If not in USA, name Country) Georgia		10b. CITIZEN OF WHAT COUNTRY? U.S.A.		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SPOUSE (If married or widowed, give spouse's name - if wife, give maiden name) Phyllis Helen Saraf		13. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) Yes		14. SOCIAL SECURITY NUMBER 256-28-7225	
15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer		15b. KIND OF INDUSTRY OR BUSINESS Engineer		16a. RESIDENCE - STATE Georgia	
16b. COUNTY Chatham		16c. CITY, TOWN or LOCATION Savannah		16d. STREET AND NUMBER 12447 Largo Drive	
16e. INSIDE CITY LIMITS? (Yes or No) Yes		17. FATHER'S NAME John P. Tabakian		18. MOTHER'S MAIDEN NAME Mary Abraham	
19a. INFORMANT'S NAME Phyllis S. Tabakian		19b. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip) 12447 Largo Drive Savannah Georgia		19c. RELATIONSHIP Wife	
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. DISPOSITION DATE (Mo., Day, Year) Feb 15, 1983		20c. CEMETERY OR CREMATORY NAME Hillcrest Abbey	
20d. LOCATION (City or Town, State, Zip, County) Savannah Georgia		21a. FUNERAL SERVICE LICENSEE (Signature) Lester L. Hayman		21b. ESTAB. LICENSE NO. 914	
21c. EMBALMER (Signature) Dennis Sterling		21d. EMBALMER LICENSE NO. 2528		21e. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) Lester L. Hayman Funeral Home 1010 East Victory Drive Savannah Georgia 31401	
23. IMMEDIATE CAUSE: PART I A. Colon carcinoma		Approximate interval between onset and death 3 years		Approximate interval between onset and death	
B. Due to, or as a consequence of:		Approximate interval between onset and death		Approximate interval between onset and death	
C. Due to, or as a consequence of:		Approximate interval between onset and death		Approximate interval between onset and death	
PART II 24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part IA. (If female, indicate if pregnant or birth occurred within 90 days of death.)		25a. AUTOPSY (Yes or No)		25b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)	
26a. WAS OPERATION PERFORMED? (Yes or No)		26b. DATE OF OPERATION (Mo., Day, Year)		26c. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)	
27. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)		28a. DATE OF INJURY (Mo., Day, Year)		28b. DESCRIBE HOW INJURY OCCURRED	
28c. HOUR OF INJURY M		28d. INJURY AT WORK? (Yes or No)		28e. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)	
28f. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)		29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) R. M. G. Grelbey MD		29b. 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. (Signature and Title)	
29c. DATE SIGNED (Mo., Day, Year) Feb. 17, 1983		29d. HOUR OF DEATH 11:10 PM		30a. DATE SIGNED (Mo., Day, Year)	
29e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		30b. DATE PRONOUNCED DEAD (Mo., Day, Year)		30c. HOUR OF DEATH M	
30d. ON		30e. AT		30f. M	
31a. NAME AND TITLE OF CERTIFIER (Physician, Medical Examiner, or Coroner)		31b. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip)		31c. DATE RECEIVED BY REGISTRAR (Mo., Day, Year) FEB 25 1983	
31d. REGISTRAR (Signature) Beaully D. Wall		31e. REGISTRAR (Signature) B. Wall		31f. DATE RECEIVED BY REGISTRAR (Mo., Day, Year) FEB 25 1983	

DECEASED

Usual Residence Where Decedent Lived, If Death Occurred In Institution, See Handbook Regarding Completion of Residence Items.

PARENTS

INFORMANT

DISPOSITION

Conditions, If Any, Which Gave Rise To Immediate Cause Stating The Underlying Cause Last.

CAUSE OF DEATH

If Infant Death, Indicate Birth Certificate No. of Metals.

CERTIFIER

TYPE OR PRINT

REGISTRAR

CERTIFICATE OF RECORD

This is an exact copy of the death certificate received for filing in Chatham County, Georgia.

Beaully D. Wall

Local Custodian

FEB 25 1983

Date

B. Wall

Signed by Local Custodian Office

County of Chatham