

CERTIFICATE OF DEATH/STATE OF GEORGIA

Local File Number: _____ State File Number: _____

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

1. DECEASED: **SAM A. MILAM, JR.**

2. SEX: **Male**

3. DATE OF DEATH (Mo., Day, Year): **March 1, 1999**

4. RACE (Specify): **White**

5. ORIGIN OF DECEASED (Italian, Mex., French, English, etc.): **American**

6. DATE OF BIRTH (Mo., Day, Year): **Jun 7, 1919**

7a. AGE-Last Birthday (Years): **79**

7b. UNDER 1 YEAR: **7c. Mos. 7d. Days 7e. Hours 7f. Mins.**

8a. COUNTY OF DEATH: **Hall**

9a. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.): **Northeast Georgia Medical Center**

9b. IF HOSPITAL OR INST. (Indicate DOA, OPREMER, Rm., Inpatient) (Specify): **INPATIENT**

10a. STATE AND COUNTY OF BIRTH (If not in USA, name Country): **OK Okmulgee**

10b. CITIZEN OF WHAT COUNTRY?: **USA**

11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Married**

12. SPOUSE (If married or widowed, give spouse's name - If wife, give maiden name): **Alice**

13. WAS DECEASED EVER U.S. ARMED FORCES (Yes or No): **Yes**

14. SOCIAL SECURITY NUMBER: **457-14-3481**

15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Electronics Tech**

15b. KIND OF INDUSTRY OR BUSINESS: **National Defense**

16a. RESIDENCE - STATE: **GA**

16b. COUNTY: **Hall**

16c. CITY, TOWN or LOCATION: **Gainesville**

16d. STREET AND NUMBER: **4984 Peach Mountain**

16e. INSIDE CITY LIMIT (Yes or No): **No**

17. PARENTS: FATHER'S NAME: **SAM AURELIUS MILAM** MOTHER'S MAIDEN NAME: **BESSIE SMITH HAYNES**

18. INFORMANT: 19a. Name: **Betty Cantrell** 19b. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip): **4984 Peach Mountain Dr. Gainesville, GA 30507** 19c. RELATIONSHIP: **Daughter**

20. DISPOSITION: 20a. BURIAL, CREMATION, REMOVAL (Specify): **Burial** 20b. DISPOSITION DATE (Mo., Day, Year): **Mar 3, 1999** 20c. CEMETERY OR CREMATORY NAME: **MEMORIAL PARK CEMETERY** 20d. LOCATION (City or Town, State, Zip, County): **GAINESVILLE, GA 30504 HALL**

21. 21a. FUNERAL DIRECTOR (Signature): **ROY L MERCK** 21b. FUN DIR. LICENSE NO.: **1676** 21c. EMBALMER (Signature): **ROY L MERCK** 21d. EMBALMER LICENSE NO.: **1886** 21e. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip): **Memorial Park Funeral Home 2030 Memorial Park Road Gainesville, GA 30504** 21f. EST. LICENSE NO.: **1296**

23. IMMEDIATE CAUSE: **Reveal Failure**

24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part I. (If female, indicate if pregnant or birth occurred within 90 days of death): _____

25a. ALTOPSY (Yes or No): **No** 25b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No): **No**

26. 26a. WAS OPERATION PERFORMED? (Yes or No): **No** 26b. DATE OF OPERATION (Mo., Day, Year): _____ 26c. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify): _____

27. 27a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify): _____ 27b. DATE OF INJURY (Mo., Day, Year): _____ 27c. DESCRIBE HOW INJURY OCCURRED: _____ 27d. HOUR OF INJURY: _____

28. 28a. INJURY AT WORK? (Yes or No): _____ 28b. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify): _____ 28c. 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): **[Signature]**

29b. DATE SIGNED (Mo., Day, Year): **3/9/99** 29c. HOUR OF DEATH: **4:50 A M**

29d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: _____

30. On the basis of examination and/or investigation, in my opinion death occurred at the time and place and due to the cause(s) stated. (Signature and Title): **[Signature]**

30a. DATE SIGNED (Mo., Day, Year): _____ 30b. DATE PRONOUNCED DEAD (Mo., Day, Year): **March 1, 1999** 30c. HOUR OF DEATH: _____ 30d. HOUR PRONOUNCED: **AT**

31. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner): **DR. A.E. WESTMORELAND** 31a. PHYS. LIC. NO.: **013534** 31b. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip): **P.O. BOX 897 DAHLONEGA, GEOR. 305**

32. REGISTRAR (Signature): **Lorna Lull** 32a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): **March 16, 1999**

DO NOT FOLD THIS CERTIFICATE

"CERTIFICATE OF RECORD"

THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING IN HALL COUNTY, GEORGIA.

Lorna Lull
LOCAL CUSTODIAN

SIGNED BY **Lorna Lull**
LOCAL CUSTODIAN OFFICE

DATE **MAR 16 1999**

HALL COUNTY, GEORGIA