

Certificate of Death

364

1. PLACE OF DEATH: (a) State of Connecticut: (b) County Fairfield (d) Length of stay in town 38 yrs.
(c) Town Stamford
(If not in hospital give street no. or location)
(e) Name of Hospital or Institution Stamford Hospital

2. USUAL RESIDENCE OF DECEASED: (a) State Connecticut (b) County Fairfield
(c) Town Stamford (d) (City or Borough)
(e) Street Number 18 Winthrop Place (If rural, give location)

3. NAME OF DECEASED (Type or print) (First) John (Middle) Sarantos (Last) Nestor 4. SOCIAL SECURITY NUMBER None

PERSONAL AND STATISTICAL PARTICULARS

5. SEX Male 6. RACE White 7. SINGER, WIDOWED, MARRIED, DIVORCED
8. IF MARRIED, WIDOWED OR DIVORCED, GIVE MAIDEN NAME OF WIFE OR HUSBAND Pearl Konjias
(Month) (Day) (Year)
9. DATE OF DEATH May 27th 1956
10. DATE OF BIRTH Jan. 7th 1892 AGE (in years last birthday) 64 yrs.
If under 1 year If under 1 day
Months Days Hours Mins.
11. BIRTHPLACE (City or town) (State or foreign country)
Sparta Greece
12. (a) USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
Retired Restaurant Owner
(b) Industry or Business

MEDICAL CERTIFICATION (Type or Print)

22. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
(a) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death
Arteriosclerotic Heart Disease...
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE (b) TO.....
DUE (c) TO.....
23. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
Diabetes Mellitus
24. OPERATION, DATE AND MAJOR FINDINGS
ANTOPSY (Yes or No)

13. (a) WAS DECEASED A VETERAN? Yes or No. No
(b) If yes, give war, Unit or Ship

FATHER: NAME Sarantos Nestor (City or town) (State or foreign country)
15. BIRTHPLACE Sparta Greece

MOTHER: MAIDEN NAME Georgia (Unknown) (City or town) (State or foreign country)
17. BIRTHPLACE Sparta Greece

18. INFORMANT'S NAME
Mrs. Pearl Nestor - Wife

19. BURIAL, CREMATION OR REMOVAL Date May 29th 1956
Cemetery or Crematory Woodland
Place Stamford, Conn.

20. NAME OF EMBALMER IF BODY WAS EMBALMED License number
Frank J. Bosak Jr. 1227

21. SIGNATURE OF LICENSED EMBALMER OR LICENSED FUNERAL DIRECTOR
Frank J. Bosak Jr.
Address Stamford, Conn.

25. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
(a) Accident, suicide, homicide (specify) _____
(b) Date of occurrence _____
(c) City or Town and State _____
(d) Where injury occurred _____
(e) While at work? _____
farm, office, street, etc.?
(f) How did it occur?

26. I HEREBY CERTIFY, That I viewed the deceased from _____ 19____, to _____ 19____
that I last saw the deceased alive on _____ 19____
and that death is said to have occurred on 5-27-56
at 5:30 A.m.
27. SIGNATURE OF PHYSICIAN
Rudolf A. Colmers, M.D., M.E.
Address 706 Bedford St. Date 5-28-56

THIS CERTIFICATE RECEIVED FOR RECORD ON May 29-1956 By Madelaine H. McMalon REGISTRAR

I hereby certify that the foregoing is a true copy of the record on file in the Office of the Stamford Town Clerk, attested by the raised seal of the City of Stamford CT.

Legal Fee: \$10.00

Madelaine H. McMalon
Assistant Registrar

THIS CERTIFICATE IS NOT VALID WITHOUT THE RAISED SEAL.

July 10, 2008

