

Certificate of Death

1. PLACE OF DEATH: (a) State of Connecticut (b) County Fairfield		(c) Town Stamford		2. USUAL RESIDENCE OF DECEASED: (a) State Connecticut (b) County Fairfield		(c) Town Stamford		(d) Is Residence Inside a City or Borough Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, name City or Borough Stamford			
(d) Name of Hospital or Institution (if not in a hospital or institution give Street No. or location) St. Joseph's Hospital				(e) Street Number (If rural, give location) 18 Winthrop Place							
3. NAME OF DECEASED (Type or print) (First) Pearl			(Middle)			(Last) Nestor			4. SOCIAL SECURITY NUMBER 040-26-8169		
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATION (Type or print)						
5. SEX Female		6. RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		22. CAUSE OF DEATH [Enter only one cause per box (a)(b) and(c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA			INTERVAL BETWEEN ONSET AND DEATH 72 HRS.		
8. IF MARRIED, WIDOWED OR DIVORCED, GIVE MAIDEN NAME OF WIFE OR HUSBAND John S. Nestor					Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE			DUE TO (c) GENERALIZED ARTERIOSCLEROSIS			
9. DATE OF DEATH (Month) August (Day) 10, (Year) 1968		10. DATE OF BIRTH Aug. 15, 1892		Age (in years last birthday) 75 Yrs.		if under 1 year Months Days Hours Mins.		if under 1 day Hours Mins.		23. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
11. BIRTHPLACE (City or town) (State or foreign country) Scoura Sparta, Greece					PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). CHOLELITHIASIS -			24. SURGERY RELEVANT TO CONDITIONS REPORTED IN ITEM 22. (a) Name of operation NONE			
12. (a) USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Co-owner of Coney Island Restaurant					(b) INDUSTRY OR BUSINESS			(b) Date performed			
13. (a) WAS DECEASED A VETERAN? Yes or No. No					(b) If yes, give war			(b) TIME OF INJURY Hour Month Day Year			
14. NAME George Konjias (City or town) (State or foreign country)		15. BIRTHPLACE Greece			16. MAIDEN NAME Malta Demakos- (City or town) (State or foreign country)			17. BIRTHPLACE Greece		18. INFORMANT'S NAME Speros Condos- Nephew	
19. BURIAL, CREMATION OR REMOVAL Date Aug. 13, 1968 Cemetery or Crematory Woodland Cemetery Place Stamford, Conn.		20. NAME OF EMBALMER IF BODY WAS EMBALMED John W. Murphy			License number 1674			21. SIGNATURE OF LICENSED EMBALMER OR LICENSED FUNERAL DIRECTOR Dorothy C. Basak Address 641 Atlantic St. Stamford, Ct.		25. (a) ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
21. SIGNATURE OF LICENSED EMBALMER OR LICENSED FUNERAL DIRECTOR Dorothy C. Basak		22. SIGNATURE OF PHYSICIAN Patrick A. Izzo M.D.			23. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) NONE			24. CITY, TOWN, OR LOCATION Stamford, Conn.		25. STATE Conn.	
26. I HEREBY CERTIFY, that I attended the deceased from NOV: 1958 to AUG. 10 1968					that I last saw the deceased alive on AUG. 10 1968			and that death is said to have occurred on AUGUST 10 1968 at 9:05 A. m.		26. (b) TIME OF INJURY Hour Month Day Year	
27. SIGNATURE OF PHYSICIAN Patrick A. Izzo M.D.					28. ADDRESS 21 Broad St. Stamford, Conn.			29. DATE 8/11/68.		30. (f) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 22.)	
THIS CERTIFICATE RECEIVED FOR RECORD ON AUG 12 1968					By Lawrence H. Resore			REGISTRAR			

FORM VS-4

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

Lawrence H. Resore
Assistant Registrar

Legal Fee: \$10.00

THIS CERTIFICATE IS NOT VALID WITHOUT THE RAISED SEAL

July 10, 2008