

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) Stamford Hospital				(e) Street Number (If rural, give location) 18 Winthrop Place							
3. NAME OF DECEASED (Type or print) (First) George (Middle) (Last) Condos				4. SOCIAL SECURITY NUMBER 043-03-4398							
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATION (Type or print)					
5. SEX Male		6. RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		22. CAUSE OF DEATH (Enter only one cause per box (a)(b) and(c))					
8. IF MARRIED, WIDOWED OR DIVORCED, GIVE MAIDEN NAME OF WIFE OR HUSBAND Patricia Smith						PART I. DEATH WAS CAUSED BY: Cancer of IMMEDIATE CAUSE (a) pyriform sinus INTERVAL BETWEEN ONSET AND DEATH 6 mos					
9. DATE OF DEATH (Month) May (Day) 17 (Year) 1965		10. DATE OF BIRTH (Month) Nov. 26 (Year) 1912		AGE (in years last birthday) 52 yrs.		11. BIRTHPLACE (City or town) Houston (State or foreign country) Texas		23. WAS AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		24. SURGERY RELEVANT TO CONDITIONS REPORTED IN ITEM 22. (a) Name of operation NECK BIOPSY of GLAND (b) Date performed 2-27-65	
12. (a) USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Proprietor (b) INDUSTRY OR BUSINESS Restaurant						13. (a) WAS DECEASED A VETERAN? Yes or No Yes (b) If yes, give war W. W. 2 Unit or Ship U.S. Army		25. (a) ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (b) TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ m. _____		26. I HEREBY CERTIFY, that I attended the deceased from 2-25 1965 to May 17 1965 that I last saw the deceased alive on May/16/ 1965 and that death is said to have occurred on May/17/65 at 6 A. m.	
14. NAME Thomas Condos (City or town) (State or foreign country)		15. BIRTHPLACE -- Greece		16. MAIDEN NAME Mary (City or town) (State or foreign country)		17. BIRTHPLACE -- Greece		27. SIGNATURE OF PHYSICIAN John D. Ryan, M.D. 172 North St. Stamford, Conn. Date May/18/65		27. SIGNATURE OF REGISTRAR Thomas H. Keane	
18. INFORMANT'S NAME Mrs. James Yerks 3rd - Daughter						19. BURLIAL DATE PLACE DATE PLACE Date May 20 1965 Cemetery XXXXXXXXXX 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.	
THIS CERTIFICATE RECEIVED FOR RECORD ON MAY 19 1965											

FORM VS. 1

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.

Carole Medina
Assistant Registrar

Legal Fee: \$10.00

THIS CERTIFICATE IS NOT VALID WITHOUT THE RAISED SEAL.

July 10, 2008

