

Certificate of Death

840

1. PLACE OF DEATH: (a) State of Connecticut (b) County <b>Fairfield</b>		(c) Town <b>Stamford</b>		2. USUAL RESIDENCE OF DECEASED: (a) State <b>C</b> (b) County <b>Fairfield</b>		(c) Town <b>Stamford</b>		(d) Is Residence inside a City or Borough Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, name City or Borough			
(d) Name of Hospital or Institution (If not in a hospital or institution give Street No. or location) <b>Stamford Hospital</b>				(e) Street Number (If rural, give location) <b>18 Winthron St.</b>							
3. NAME OF DECEASED (Type or print) <b>Mary</b>			(First) --- (Middle) --- (Last) <b>Condos</b>			4. SOCIAL SECURITY NUMBER <b>None</b>					
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATION (Type or print)						
5. SEX <b>Female</b>		6. RACE <b>White</b>		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) <b>Broncho pneumonia and pylonephritis</b>			INTERVAL BETWEEN ONSET AND DEATH		
8. IF MARRIED, WIDOWED OR DIVORCED, GIVE MAIDEN NAME OF WIFE OR HUSBAND <b>Thomas Condos</b>											
9. DATE OF DEATH <b>December 6th 1958</b>						Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Due to (b) diabetes mellitus</b>					
10. DATE OF BIRTH <b>Aug/15 1886</b>		AGE (in years last birthday) <b>72 yrs.</b>		If under 1 year Months Days Hours Mins.		DUE TO (c)					
11. BIRTHPLACE (City or town) (State or foreign country) <b>Sparta Greece</b>					PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <b>Arteriosclerotic heart disease</b>					23. WAS AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
12. (a) USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Restaurateur</b>					24. SURGERY RELEVANT TO CONDITIONS REPORTED IN ITEM 22. (a) Name of operation.					(b) Date performed	
(b) INDUSTRY OR BUSINESS <b>own Restaurant</b>											
13. (a) WAS DECEASED A VETERAN? Yes or No <b>No</b>					25. (a) ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					(b) TIME OF INJURY Hour Month, Day, Year m.	
(b) If yes, give war, Unit or Ship					(c) INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>					(d) PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
14. NAME <b>George Konias</b>		(City or town) (State or foreign country)			(e) CITY, TOWN, OR LOCATION COUNTY STATE						
15. BIRTHPLACE <b>Sparta Greece</b>					(f) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 22.)						
16. MAIDEN NAME <b>Malta Demakos</b>		(City or town) (State or foreign country)			26. I HEREBY CERTIFY, that I attended the deceased from <b>VIEWED AS</b> <b>MEDICAL EXAMINER FOR CORONER</b> 19 to 19						
17. BIRTHPLACE <b>Sparta Greece</b>					that I last saw the deceased <b>alive on 12-6-1958</b> and that death is said to have occurred on <b>12/6/58</b> <b>11:35 P. m.</b>						
18. INFORMANT'S NAME <b>Mrs. Pearl Nestor - Sister</b>					27. SIGNATURE OF PHYSICIAN <b>Rudolf A. Colmore, M.D. MED EXAM.</b>					Address <b>706 Bedford Street</b> Date <b>12-8-58</b>	
19. BURIAL, CREMATION OR INTERMENT (Date <b>Dec 9th 1958</b> ) Cemetery or Place <b>Woodland Cemetery Stamford, Conn.</b>					20. NAME OF EMBALMER IF BODY WAS EMBALMED License number <b>Frank J. Bosak Jr. 1227</b>					21. SIGNATURE OF LICENSED EMBALMER OR LICENSED FUNERAL DIRECTOR <b>Frank J. Bosak Jr.</b> Address <b>Stamford, Conn.</b>	
THIS CERTIFICATE RECEIVED FOR RECORD ON <b>DEC 9 1958</b>					By <b>Mary E. O'Neil</b>						

FORM VS-4 (7-57) 26M

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.

*Rudolf A. Colmore*

Legal Fee: \$10.00

Assistant Registrar

THIS CERTIFICATE IS NOT VALID WITHOUT THE RAISED SEAL.

July 10, 2008