

GEORGIA DEATH CERTIFICATE

State File Number **2017GA000040277**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) RUBY MAE DENT		1a. IF FEMALE ENTER LAST NAME AT BIRTH MCCLADDIE		2. SEX FEMALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 07/02/2017		
3. SOCIAL SECURITY NUMBER 253-72-4998	4a. AGE (Years) 71	4b. UNDER 1 YEAR Mos. Days Hours Mins.		5. DATE OF BIRTH (Mo., Day, Year) 01/06/1946			
6. BIRTHPLACE GEORGIA	7a. RESIDENCE - STATE GEORGIA	7b. COUNTY RICHMOND		7c. CITY, TOWN AUGUSTA			
7d. STREET AND NUMBER 1908 COLLIERWOOD WAY		7e. ZIP CODE 30906	7f. INSIDE CITY LIMITS? YES	8. ARMED FORCES? NO			
8a. USUAL OCCUPATION BUS DRIVER		8b. KIND OF INDUSTRY OR BUSINESS TRANSPORTATION					
9. MARITAL STATUS MARRIED		10. SPOUSE NAME RONALD DENT		11. FATHER'S FULL NAME (First, Middle, Last) THOMAS MCCLADDIE SR			
12. MOTHER'S MAIDEN NAME (First, Middle, Last) PEARL GARNETT		13a. INFORMANT'S NAME (First, Middle, Last) THELMA P. HARRIS		13b. RELATIONSHIP TO DECEDENT SISTER			
13c. MAILING ADDRESS 1908 COLLIERWOOD WAY AUGUSTA GEORGIA 30906				14. DECEDENT'S EDUCATION 10TH GRADE COMPLETED			
15. ORIGIN OF DECEDENT (Italian, Mex, French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) BLACK OR AFRICAN-AMERICAN					
17a. IF DEATH OCCURRED IN HOSPITAL INPATIENT		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)					
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) DOCTORS HOSPITAL AUGUSTA			19. CITY, TOWN or LOCATION OF DEATH AUGUSTA		20. COUNTY OF DEATH RICHMOND		
21. METHOD OF DISPOSITION (specify) BURIAL		22. PLACE OF DISPOSITION SECOND MT. CARMEL BAPTIST CHURCH CEMETERY 3425 ROSEMONT ROAD APPLING GEORGIA 30802		23. DISPOSITION DATE (Mo., Day, Year) 07/08/2017			
24a. EMBALMER'S NAME CRAIG R. WRIGHT		24b. EMBALMER LICENSE NO. 4684	25. FUNERAL HOME NAME W H MAYS MORTUARY				
25a. FUNERAL HOME ADDRESS 1221 JAMES BROWN BLVD AUGUSTA GEORGIA 30901							
26a. SIGNATURE OF FUNERAL DIRECTOR CRAIG R WRIGHT			26b. FUN. DIR. LICENSE NO. 5095	AMENDMENTS			
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 07/02/2017		28. HOUR PRONOUNCED DEAD 01:20 AM					
29a. PRONOUNCER'S NAME TRICIA BRENIQUE ROSE		29b. LICENSE NUMBER 202136		29c. DATE SIGNED 07/02/2017			
30. TIME OF DEATH 01:20 AM		31. WAS CASE REFERRED TO MEDICAL EXAMINER NO					
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate interval between onset and death:	
IMMEDIATE CAUSE (Final disease or condition resulting in death)						A. ACUTE RESPIRATORY FAILURE Due to, or as a consequence of	5 DAYS
						B. SEPSIS Due to, or as a consequence of	5 DAYS
						C. PNEUMONIA Due to, or as a consequence of	5 DAYS
						D.	
Part II. Enter significant conditions contributing to death but not related to cause given in Part I A. If female, indicate if pregnant or birth occurred within 90 days of death. DIABETES MELLITUS, RHEUMATOID ARTHRITIS				33. WAS AUTOPSY PERFORMED? NO		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
35. TOBACCO USE CONTRIBUTED TO DEATH NO		36. IF FEMALE (range 10-54) PREGNANT NOT APPLICABLE		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL			
38. DATE OF INJURY (Mo., Day, Year)		39. TIME OF INJURY		40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)							
43. DESCRIBE HOW INJURY OCCURRED						44. IF TRANSPORTATION INJURY	
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) JONATHAN EDWARD REIMER, MD, 20804				46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)			
45a. DATE SIGNED (Mo., Day, Year) 07/11/2017		45b. HOUR OF DEATH 01:20 AM		46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JONATHAN EDWARD REIMER 1224 AUGUSTA WEST PARKWAY AUGUSTA GEORGIA 30909							
48. REGISTRAR (Signature) /S/ DONNA L. MOORE				49. DATE FILED - REGISTRAR (Mo., Day, Year) 07/12/2017			