

GEORGIA DEATH CERTIFICATE

State File Number **2015GA000026021**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) MATHEW AJIBADE		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX MALE		2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 01/02/2015	
3. SOCIAL SECURITY NUMBER		4a. AGE (Years) 21		4b. UNDER 1 YEAR Mos. Days Hours Mins.		5. DATE OF BIRTH (Mo., Day, Year) 03/07/1993	
6. BIRTHPLACE NIGERIA		7a. RESIDENCE - STATE GEORGIA		7b. COUNTY CHATHAM		7c. CITY, TOWN SAVANNAH	
7d. STREET AND NUMBER 209 E DUFFY STREET APT B		7e. ZIP CODE 31401		7f. INSIDE CITY LIMITS? YES		8. ARMED FORCES? NO	
8a. USUAL OCCUPATION BANKER		8b. KIND OF INDUSTRY OR BUSINESS FINANCIAL INSTUTION					
9. MARITAL STATUS NEVER MARRIED		10. SPOUSE NAME		11. FATHER'S FULL NAME (First, Middle, Last) SOLOMON AJIBADE			
12. MOTHER'S MAIDEN NAME (First, Middle, Last) HANNAH AJIBADE		13a. INFORMANT'S NAME (First, Middle, Last) CHRIS OLADAPO		13b. RELATIONSHIP TO DECEDENT BROTHER			
12a. MAILING ADDRESS		14. DECEDENT'S EDUCATION SOME COLLEGE CREDIT LEADING TO A BACHELOR'S DEGREE					
15. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) NOT OBTAINABLE					
17a. IF DEATH OCCURRED IN HOSPITAL		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) CHATHAM COUNTY DENTION CENTER					
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) 1050 CARL GRIFFIN DRIVE		19. CITY, TOWN or LOCATION OF DEATH SAVANNAH		20. COUNTY OF DEATH CHATHAM			
21. METHOD OF DISPOSITION (specify) BURIAL		22. PLACE OF DISPOSITION		23. DISPOSITION DATE (Mo., Day, Year) 01/17/2015			
24a. EMBALMER'S NAME DAVID LEONARD CAMPBELL SR		24b. EMBALMER LICENSE NO. 2987		25. FUNERAL HOME NAME SIDNEY A JONES AND CAMPBELL FS			
25a. FUNERAL HOME ADDRESS 124 W PARK AVENUE SAVANNAH GEORGIA 31401							
26a. SIGNATURE OF FUNERAL DIRECTOR DAVID L CAMPBELL SR				26b. FUN. DIR. LICENSE NO. 3410		AMENDMENTS	
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 01/02/2015		28. HOUR PRONOUNCED DEAD 08:45 AM					
29a. PRONOUNCER'S NAME SARAH SMITH		29b. LICENSE NUMBER		29c. DATE SIGNED 01/02/2015			
30. TIME OF DEATH 08:45 AM		31. WAS CASE REFERRED TO MEDICAL EXAMINER YES					
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) A. BLUNT FORCE TRAUMA Due to, or as a consequence of B. Due to, or as a consequence of C. Due to, or as a consequence of D.						Approximate interval between onset and death MINUTES	
Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death.				33. WAS AUTOPSY PERFORMED? YES		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES	
35. TOBACCO USE CONTRIBUTED TO DEATH NO		36. IF FEMALE (range 10-54) PREGNANT NOT APPLICABLE		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) HOMICIDE			
38. DATE OF INJURY (Mo., Day, Year) 01/01/2015		39. TIME OF INJURY 23:38 MILITARY JAIL		40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No) NO	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County) 1050 CARL GRIFFIN DRIVE SAVANNAH GEORGIA 31405 CHATHAM							
43. DESCRIBE HOW INJURY OCCURRED PHYSICAL ALTERCATION WITH LAW ENFORCEMENT PERSONNEL				44. IF TRANSPORTATION INJURY NO			
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.) /S/ WILLIAM N WESSINGER CORONER				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.) /S/ WILLIAM N WESSINGER CORONER			
45a. DATE SIGNED (Mo., Day, Year)		45b. HOUR OF DEATH		46a. DATE SIGNED (Mo., Day, Year) 05/08/2015		46b. HOUR OF DEATH 08:45 AM	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WILLIAM N WESSINGER 602 E 67TH STREET SAVANNAH GEORGIA 31401							
48. REGISTRAR (Signature) /S/ DONNA L. MOORE				49. DATE FILED - REGISTRAR (Mo., Day, Year) 05/12/2015			