

CERTIFICATE OF DEATH/STATE OF GEORGIA

00325

State File Number 001352

DECEDENT'S NAME (First, Middle, Last) <b>LILLIE DIXON</b>		IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME <b>Lanier</b>		SEX <b>FEMALE</b>		DATE OF DEATH (Mo., Day, Year) <b>JANUARY 23 1987</b>	
RACE (White, Black, Amer. Indian, etc.) <b>White</b>		ORIGIN OF DECEDENT (Italian, etc.; French, English, etc.) <b>Iri/Erg/French</b>		DATE OF BIRTH (Mo., Day, Year) <b>Dec. 25, 1893</b>		AGE-Last Birthday (Years) <b>76-193</b>	
CITY, TOWN or LOCATION OF DEATH <b>Atlanta 035</b>		HOSPITAL OR OTHER INSTITUTION NAME (If not in other, give street and No.) <b>Grady Memorial Hospital 710</b>		IF HOSPITAL OR INST. (Indicate O.D.A. OF EMER. RM., Inpatient) (Specify) <b>Inpatient</b>		COUNTY OF DEATH <b>Fulton 060</b>	
STATE AND COUNTY OF BIRTH (If not in USA, name Country) <b>AL-Chamber 01</b>		CITIZEN OF WHAT COUNTRY? <b>USA</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>3 Widowed</b>		SPOUSE (If married or widowed, give spouse's name-If wife, give maiden name) <b>1 James Henry Dixon</b>	
SOCIAL SECURITY NUMBER <b>435-10-2551</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>15a. Homemaker</b>		KIND OF INDUSTRY OR BUSINESS <b>15b. Own Home 914</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) <b>13. No 09400961</b>	
RESIDENCE - STATE <b>16a. Georgia 11</b>		COUNTY <b>16b. Fulton 060</b>		CITY, TOWN or LOCATION <b>16c. Atlanta 035</b>		STREET AND NUMBER <b>16d. 2395 Lindmont Cir</b>	
FATHER'S NAME First Middle Last <b>17. Joseph Smith Lanier</b>		MOTHER'S MAIDEN NAME First Middle Last <b>18. Nancy Jane Bennett</b>		INFORMANT'S NAME First Middle Last <b>19a. Mrs. Louise Ward</b>		MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip) <b>19b. 4612 Cross St., Jefferson, LA 70121</b>	
BURIAL, CREMATION or REMOVAL (Specify) <b>20a. Burial</b>		DISPOSITION DATE (Mo., Day, Year) <b>20b. Jan. 27, 1987</b>		CEMETERY OR CREMATORY NAME <b>20c. Westview Cemetery</b>		LOCATION (City or Town, State, Zip, County) <b>Atlanta, GA 30310, Fulton</b>	
FUNERAL SERVICE LICENSEE (Signature) <b>21a. [Signature]</b>		ESTAB. LICENSE NO. <b>21b. 18</b>		NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) <b>21c. H. M. Patterson &amp; Son 1020 Spring St., NW Atlanta, Georgia 30309</b>			
EMBALMER (Signature) <b>21d. [Signature]</b>		EMBALMER LICENSE NO. <b>21e. 2937</b>					
22. IMMEDIATE CAUSE: (Use lines for A, B, and C) PART I Due to, or as a consequence of: A. <b>119</b> B. <b>119</b> C. <b>119</b> PART II 24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part I (If female, indicate if pregnant or birth occurred within 90 days of death.) <b>9</b> 25a. WAS OPERATION PERFORMED? (Yes/No) <b>25a. 2</b> 25b. DATE OF OPERATION (Mo., Day, Year) 25c. CONDITIONS FOR WHICH OPERATED (Specify) 26. ACCIDENT, SUICIDE, or UNDETERMINED (Specify) 26a. DATE OF INJURY (Mo., Day, Year) 26b. DESCRIBE HOW INJURY OCCURRED 26c. HOUR OF INJURY 27. INJURY AT WORK? (Yes or No) 27a. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify) 27b. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County) 27c.							
28a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <b>[Signature]</b>				28b. 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. (Signature and Title) <b>[Signature]</b>			
DATE SIGNED (Mo., Day, Year) <b>29a. JANUARY 23 1987</b>		HOUR OF DEATH <b>29c. 0245</b>		DATE SIGNED (Mo., Day, Year) <b>30a. ON</b>		HOUR OF DEATH <b>30c. AT</b>	
NAME OF ATTENDING PHYSICIAN OR OTHER LICENSED CERTIFIER <b>29b. STEVEN ELLISON</b>				DATE PRONOUNCED DEAD (Mo., Day, Year) <b>30b. ON</b>			
NAME AND TITLE OF CERTIFIER (Physician, Medical Examiner, or Coroner) <b>31a. Steven Ellison, MD</b>				ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip) <b>31b. 80 Butler St., SE, Atlanta, GA 30303</b>			
REGISTRAR (Signature) <b>22a. [Signature]</b>				DATE RECEIVED BY REGISTRAR (Mo., Day, Year) <b>22b. [Stamp]</b>			

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE CERTIFICATE FILED WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF HUMAN RESOURCES. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 290-1-3 DHR RULES AND REGULATIONS.

*Lisa Smith Glegg*  
 STATE REGISTRAR AND CUSTODIAN  
 GEORGIA STATE OFFICE OF VITAL RECORDS

DATE MAY 19 2009

(VOID WITHOUT IMPRESSED SEAL OR IF ALTERED OR COPIED)