

GEORGIA DEATH CERTIFICATE

State File Number

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) CANDICE SHAVON MILLER
1a. IF FEMALE, ENTER LAST NAME AT BIRTH MILLER
2. SEX FEMALE
2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 11/12/2022
3. SOCIAL SECURITY NUMBER
4a. AGE (Years) 41
4b. UNDER 1 YEAR Mos.
4c. UNDER 1 DAY Days Hours Mins.
5. DATE OF BIRTH (Mo., Day, Year) 10 1981

6. BIRTHPLACE MISSISSIPPI
7a. RESIDENCE - STATE GEORGIA
7b. COUNTY CLAYTON
7c. CITY, TOWN JONESBORO

7d. STREET AND NUMBER
7e. ZIP CODE 30236
7f. INSIDE CITY LIMITS? YES
8. ARMED FORCES? NO

8a. USUAL OCCUPATION UNEMPLOYED
8b. KIND OF INDUSTRY OR BUSINESS UNEMPLOYED

9. MARITAL STATUS MARRIED
10. SPOUSE NAME ALEX CARDENAS
11. FATHER'S FULL NAME (First, Middle, Last) RUDOLPH LARRY JONES

12. MOTHER'S MAIDEN NAME (First, Middle, Last) BELINDA MILLER BOWERS
13a. INFORMANT'S NAME (First, Middle, Last) TURIYA TOMLIN
13b. RELATIONSHIP TO DECEDENT SISTER

13c. MAILING ADDRESS 9315 BROWN RIDGE STREET LENEXA KANSAS 66220
14. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED

15. ORIGIN OF DECEDENT (Spanish/Hispanic/Latino) 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 EMERGENCY ROOM/OUTPATIENT
17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)

18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) SOUTHERN REGIONAL MEDICAL CENTER
19. CITY, TOWN or LOCATION OF DEATH RIVERDALE
20. COUNTY OF DEATH CLAYTON

21. METHOD OF DISPOSITION (specify) CREMATION
22. PLACE OF DISPOSITION RIVERDALE CREMATORY 1410 HWY 138 SW RIVERDALE GEORGIA 30296
23. DISPOSITION DATE (Mo., Day, Year) 11/21/2022

24a. EMBALMER'S NAME MATTHEW WALKER
24b. EMBALMER LICENSE NO. 4886
25. FUNERAL HOME NAME DORTCH-WILLIAMSON FUNERAL AND CREMATION

25a. FUNERAL HOME ADDRESS

1410 HWY 138 RIVERDALE GEORGIA 30274

26a. SIGNATURE OF FUNERAL DIRECTOR

BETTRENA DORTCH

26b. FUN. DIR. LICENSE NO AMENDMENTS

4822

27. DATE PRONOUNCED DEAD (Mo., Day, Year) 11/12/2022
28. HOUR PRONOUNCED DEAD 02:22 AM

29a. PRONOUNCER'S NAME MARLENA CAIN
29b. LICENSE NUMBER 060806
29c. DATE SIGNED 11/12/2022

30. TIME OF DEATH 02:22 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.
Approximate interval between onset and death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
A. COMBINED DRUG (FENTANYL, ACETAMINOPHEN, DIPHENHYDRAMINE, INTOXICATION) UNKNOWN
Due to, or as a consequence of
B.
Due to, or as a consequence of
C.
Due to, or as a consequence of
D.

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 UNKNOWN
36. IF FEMALE (range 10-54) PREGNANT PREGNANT AT TIME OF DEATH
37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) COULD NOT BE DETERMINED

38. DATE OF INJURY (Mo., Day, Year) 11/12/2022
39. TIME OF INJURY UNKNOWN
40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify) RESIDENCE
41. INJURY AT WORK? (Yes or No) NO

42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County) JONESBORO GEORGIA 30236 CLAYTON

43. DESCRIBE HOW INJURY OCCURRED DRUG TOXICITY UNDER UNKNOWN CIRCUMSTANCES
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/ BRIAN BYARS CORONER 9130852
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)
45b. HOUR OF DEATH
46a. DATE SIGNED (Mo., Day, Year)
46b. HOUR OF DEATH 02:22 AM

47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BRIAN BYARS 7911 N MCDONOUGH STREET JONESBORO GEORGIA 30236

48. REGISTRAR (Signature) /S/ CHRISTOPHER JP HARRISON
49. DATE FILED - REGISTRAR (Mo., Day, Year)