THE CUBA FAMILY ARCHIVES FOR SOUTHERN JEWISH HISTORY AT THE BREMAN MUSEUM

Mss 381, Wittenberg Family Papers

Box 3, File 3

Wittenberg, Bernice – Death certificate, 2016

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GEORGIA DEATH CERTIFICATE

1. DECEDEENT'S LEGAL FULL NAME (First, Middle, Last)
BERNICE R WITTENBERG

2. SEX
FEMALE

2a. DATE OF DEATH (Mo. , Day, Year)
02/03/2015

2b. ACTUAL DATE OF DEATH 02/03/2015

3. SOCIAL SECURITY NUMBER
183-20-6406

4a. AGE (Years)
86

4b. UNDER 1 YEAR

4c. UNDER 1 DAY

5. DATE OF BIRTH (Mo., Day, Year)
04/22/1928

6. BIRTHPLACE
PENNSYLVANIA

7a. RESIDENCE - STATE
GEORGIA

7b. COUNTY
COLUMBIA

7c. CITY, TOWN
EVANS

7d. STREET AND NUMBER
4275 OWENS ROAD APT 536

8a. USUAL OCCUPATION
OWN HOME

8b. KIND OF INDUSTRY OR BUSINESS

9. MARITAL STATUS
MARRIED

10. SPOUSE NAME
MORTON WITTENBERG

11. FATHER'S FULL NAME (First, Middle, Last)
BENJAMIN BRAHIN

12. MOTHER'S MAIDEN NAME (First, Middle, Last)
GERTRUDE COHEN

13a. INFORMANT'S NAME (First, Middle, Last)
MORTON WITTENBERG

13b. RELATIONSHIP TO DECEDENT
HUSBAND

14. DECEDENT'S EDUCATION
HIGH SCHOOL GRADUATE OR GED 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)
WHITE

17a. IF DEATH OCCURRED IN HOSPITAL

17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)
DECEDENT'S HOME

18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.)
4275 OWENS ROAD

19. CITY, TOWN OR LOCATION OF DEATH
COLUMBIA

20. COUNTY OF DEATH
COLUMBIA

21. METHOD OF DISPOSITION (specify)
BURIAL

22. PLACE OF DISPOSITION
WESTOVER MEMORIAL PARK, INC 2601 WHEELER RD AUGUSTA GEORGIA 30904

23. DISPOSITION DATE (Mo., Day, Year)
02/05/2015

24a. EMBALMER'S NAME
ELLIOTT SONS FUNERAL HOME MARTINEZ

24b. EMBALMER LICENSE NO.

25. FUNERAL HOME ADDRESS
ELLIOTT SONS FUNERAL HOME MARTINEZ

26a. SIGNATURE OF FUNERAL DIRECTOR
MARK S JONES

26b. FUN DIR. LICENSE NO
RN062031

27. DATE PRONOUNCED DEAD (Mo., Day, Year)
02/05/2015

28. HOUR PRONOUNCED DEAD
06:44 AM

29a. PRONOUNCER'S NAME
Donna Jean Gibson Hancock

29b. LICENSE NUMBER
RN062031

29c. DATE SIGNED
02/03/2015

30. TIME OF DEATH
06:44 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. Of vertebroplasty without showing the etiology. DO NOT AMEND.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
A. DEMENTIA, VASCULAR AND ALZHEIMER TYPE

4 YEARS

B. DEMENTIA, VASCULAR AND ALZHEIMER TYPE

20 YEARS

C. DEMENTIA, VASCULAR AND ALZHEIMER TYPE

Part II: Enter significant 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.

33. WAS AUTOPSY PERFORMED?
NO

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

35. TOBACCO USE CONTRIBUTED TO DEATH
PROBABLY

NOT APPLICABLE

36. IF FEMALE (range 10-54) PREGNANT
NATURAL

37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)

38. DATE OF INJURY (Mo., Day, Year)

39. TIME OF INJURY

40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.)

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.)
ROBERT E RYCHLY, MD, 20479

45a. DATE SIGNED (Mo., Day, Year)
02/05/2015

45b. HOUR OF DEATH
06:44 AM

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.)

47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH
ROBERT E RYCHLY 820 ST SEBASTIAN WAY SUITE 7A AUGUSTA GEORGIA 30901

48. REGISTRAR (Signature)
 
49. DATE FILED - REGISTRAR (Mo., Day, Year)
02/06/2015

Form 3903 (Rev. 04/2012), GEORGIA DEPARTMENT OF HUMAN RESOURCES

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STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian: [Signature]
Issued by: [Signature]
Date Issued: 2-6-2015

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