1829

STATE OF ALABAMA
CERTIFICATE OF DEATH

STATE FILE NUMBER 101-

TYPE, OR PRINT IN PERMANENT INK

L318

[redacted]

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

[redacted]

1. DECEASED—NAME (FIRST)	(MIDDLE)	(LAST)	4. DATE OF DEATH (MONTH, DAY, YEAR)
IMOGENE	VIRGINIA	SIZEMORE	AUGUST 29, 1985

2. RACE or COLOR	3. SEX	5. AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: 5a. MOS.	5b. DAYS	UNDER 1 DAY: 5c. HOURS	5d. MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7. COUNTY OF DEATH
WHITE	FEMALE	70					JUNE 30, 1915	LAMAR

7a. CITY, TOWN, OR LOCATION OF DEATH	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
VERNON	YES	LAMAR CARRAWAY HOSPITAL

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
ALABAMA	U S A	MARRIED	FOSTER SIZEMORE

12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	13b. KIND OF BUSINESS OR INDUSTRY
[redacted]	HOMEMAKER	OWN HOME

14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, or LOCATION	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	14e. STREET AND NUMBER
ALABAMA	LAMAR	SULLIGENT	YES	619 Vernon Street

15. FATHER—NAME (FIRST)	(MIDDLE)	(LAST)	16. MOTHER—MAIDEN NAME (FIRST)	(MIDDLE)	(LAST)
JOHN	T	RUCKER	CLAUDIA		BREWER

17a. PHYSICIAN'S NAME (IF ANY)	18. INFORMANT—NAME
DR. WILLIAM C BOX	FOSTER SIZEMORE
17b. ADDRESS: SULLIGENT, AL. 35586	18b. ADDRESS: 619 Vernon Street Sulligent, Al. 355

MEDICAL CERTIFICATION

[redacted]

IF NO PHYSICIAN WAS IN ATTENDANCE MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER, OR CORONER

[redacted]

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
19. IMMEDIATE CAUSE	(a) Myocardial infarction	Min.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (b)	
	DUE TO, OR AS A CONSEQUENCE OF: (c)	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO)	19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	19c. WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.)
NO		

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 19)
		M.	

20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH	DAY	YEAR	TO	MONTH	DAY	YEAR	21c. AND LAST SAW HIM/HER ALIVE ON	MONTH	DAY	YEAR	21d. DID/DID NOT VIEW THE BODY AFTER DEATH.	21e. DEATH OCCURRED (HOUR)	At the place, on the date, and to the best of my knowledge, due to the cause(s) stated
	8	25	77		8	29	85		8	29	85	did	3:30 P.M.	

22a. CERTIFICATION—CORONER OR HEALTH OFFICER: On the basis of the examination of the body and/or the investigation, in my opinion death occurred on the date and due to the cause(s) stated.	22b. HOUR OF DEATH	22c. THE DECEDENT WAS PRONOUNCED DEAD: MONTH	DAY	YEAR	HOUR
	3:30 P.M.	August	29	1985	3:30 P.M.

23a. CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT)	23b. SIGNATURE	23c. DEGREE OR TITLE	23d. DATE SIGNED (MONTH, DAY, YEAR)
Dr. W.C. Box	W.C. Box	M.D.	9-17-85

23e. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
P.O. Box 530	Sulligent	Alabama	35586

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION: CITY OR TOWN, STATE
BURIAL	SULLIGENT CITY CEMETERY	SULLIGENT, ALABAMA

24d. DATE (MONTH, DAY, YEAR)	24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	24f. FUNERAL DIRECTOR—SIGNATURE	24g. REGISTRAR—SIGNATURE	24h. DATE RECEIVED BY LOCAL REGISTRAR
AUGUST 31, 1985	NORWOOD FUNERAL HOME P.O. BOX 611 SULLIGENT, ALABAMA 35586	Don A Norwood	Shirley S. Weeks	September 18, 1985

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January 23 19 86

This is a copy of a record that was tendered to Lamar County Health Department on September 18, 1986.

SEAL

Shirley S. Weeks

SHIRLEY S. WEEKS

Lamar County Registrar

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED

1986 APR 30 PM 1:52

JUDGE OF PROBATE

RECORDING FEES

Recording Fee	$ 2.50
Index Fee	1.00
TOTAL	$ 3.50

Claire Sizemore
704 Colony Cir.
Homewood, Al 35209

[redacted]