This is a true and exact copy of the record on file with the Shelby County Health Department

Signature of Local Registrar

MAR 0 5 2003

Date of Issue

ALABAMA
CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

County File Number — State File Number 101

1. DECEASED—NAME (First, Middle, Last (Type last name all capitals)): Amy Rebecca SCOTT
2. DATE OF DEATH (Month, Day, Year): January 13, 2003
3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Shelby 35143
5. INSIDE CITY LIMITS (Specify Yes or No): no
6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): 105 Rainbow Lane
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA):
8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.: No
9. RACE—(Specify American Indian, Black, White, etc.): white
10. SEX: female
11. AGE: 49 YRS.
12. UNDER 1 YEAR: MOS. / DAYS
UNDER 1 DAY: HOURS / MINS.
13. DATE OF BIRTH (Month, Day, Year): April 6, 1953
14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): / College (1-4 or 5+): 2
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): married
17. SURVIVING SPOUSE (If wife, give maiden name): Lee Allen Scott
18. Was Decedent ever in Armed Forces (Specify Yes or No): no
19. STATE OF BIRTH (If not in USA, name country): Texas
20. RESIDENCE—STATE: Alabama
21. COUNTY: Shelby
22. CITY, TOWN, OR LOCATION AND ZIP CODE: Shelby 35143
23. INSIDE CITY LIMITS (Specify Yes or No): no
24. STREET AND NUMBER: 105 Rainbow Lane
25. INFORMANT—Name and Address: Lee Allen Scott 105 Rainbow Lane Shelby, AL 35143
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): homemaker
27. KIND OF BUSINESS OR INDUSTRY: own home
28. FATHER—NAME (First, Middle, Last): Robert Henry Dean, Jr
29. MAIDEN NAME OF MOTHER—(First, Middle, Last): Sharon Lynn Carrott
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): cremation
31. DATE OF DISPOSITION (Month, Day, Year): Jan. 15, 2003
32. CEMETERY OR CREMATORY—Name: Johns-Ridout's
33. LOCATION—(City or Town—State): B'ham, AL
34. FUNERAL HOME—Name and Address: Valley Chapel 1800 Oxmoor Rd B'ham, AL 35209
35. FUNERAL DIRECTOR—Signature: Tina Skipper
36. DATE SIGNED BY FUNERAL DIRECTOR: Mar 4, 2003
37. ☐ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." ☐ Medical Examiner ☐ Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated." Signature: Edson Geneves
38. DATE SIGNED (Month, Day, Year): Jan 22, 2003
39. TIME AND DATE OF DEATH: Jan 13, 2003
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only):
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): Edson Geneves, MD
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 2022 Brookwood Medical Center Drive ACC 408 Birmingham
43. CERTIFIER LICENSE NUMBER: 17079
44. REGISTRAR—Signature: For State or County use only — Shula Keller
45. DATE FILED (Month, Day, Year): March 5, 2003

MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Complications of malignancy	18 yrs
	DUE TO (OR AS A CONSEQUENCE OF): Hodgkins disease	—
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF): Craniopharyngioma	18 yrs
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Panhypopituitarism

48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.): No

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause): Natural

50. AUTOPSY (Specify Yes or No): No

51. If yes, were findings considered in determining cause of death? (Specify Yes or No): N/A

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II): N/A

53. DATE OF INJURY (Month, Day, Year): N/A

54. HOUR OF INJURY: N/A M.

55. INJURY AT WORK (Specify Yes or No):

56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.):

57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State):

ADPH-HS 2/Rev 11-93

This is a legal record and must be filed within five (5) days after death.

Unified Title

DECEASED

BURIAL

CERTIFIER

CAUSE

ANY ALTERATIONS VOID THIS DOCUMENT

SSN

NAME OF DECEASED

3. _____
6. _____
19. _____
20. _____
26. _____
27. _____
34. _____
46. _____
49. _____
55. _____

20040120000034250 Pg 2/2 14.00
Shelby Cnty Judge of Probate,AL
01/20/2004 13:12:00 FILED/CERTIFIED

EXHIBIT "A"

LEGAL DESCRIPTION

Lot 8-A, according to the resurvey of Lots 8 & 9, Fahey's Subdivision, as recorded in Map Book 17 Page 77 in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.