THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATE

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

Signature of Local or Deputy Registrar

AUGUST 4, 2003
Date of Issue

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

ALABAMA
CERTIFICATE OF DEATH

County File Number — 003 21320

State File Number 101

1. DECEASED—NAME First: Ellen Middle: Harrell Last (Type last name all capitals): WILSON	2. DATE OF DEATH (Month, Day, Year): July 18, 2003	3. COUNTY OF DEATH: Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Birmingham 35294	5. INSIDE CITY LIMITS (Specify Yes or No): Yes	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): UAB Hospital	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): Inpatient	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: 45 YRS.	12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): January 25, 1958	14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12): 12 / College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married	17. SURVIVING SPOUSE (If wife, give maiden name): Victor Eugene Wilson, Jr.	18. Was Decedent ever in Armed Forces (Specify Yes or No): No
19. STATE OF BIRTH (If not in USA, name country): Alabama	20. RESIDENCE—STATE: Alabama	21. COUNTY: Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE: Hoover 35244
23. INSIDE CITY LIMITS (Specify Yes or No): Yes	24. STREET AND NUMBER: 1118 Lake Forrest Circle	25. INFORMANT—Name and Address: Victor Eugene Wilson, Jr. 1118 Lake Forrest Cir., Hoover, AL 35244	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Owner-Operator	27. KIND OF BUSINESS OR INDUSTRY: Ellen's Place Sandwich Shop		
28. FATHER—NAME First: William Middle: Elic Last: Harrell	29. MAIDEN NAME OF MOTHER— First: Sarah Middle: Last: Phillips		
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial	31. DATE OF DISPOSITION (Month, Day, Year): July 22, 2003	32. CEMETERY OR CREMATORY—Name: Oak Grove Baptist Cemetery	33. LOCATION—(City or Town—State): Glencoe, AL
34. FUNERAL HOME—Name and Address: Collier-Butler P.O. Box 460, Gadsden, AL 35902	35. FUNERAL DIRECTOR—Signature: Joyce Fitts		36. DATE SIGNED BY FUNERAL DIRECTOR: July 31, 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: Sam J. Windham MD — 38. DATE SIGNED (Month, Day, Year): 7/24/03

39. TIME AND DATE OF DEATH: 2307 hrs 7/18/03	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): Sam J. Windham MD
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 112 UHRB 701 19TH ST S BIRMINGHAM AL 35294		43. CERTIFIER LICENSE NUMBER: 20175
44. REGISTRAR— Signature: Sherry L Myers (For State or County use only)		45. DATE FILED (Month, Day, Year): August 1, 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. Cardiac arrhythmia	
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Pulmonary Thromboembolism	
	DUE TO (OR AS A CONSEQUENCE OF):	
	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. — 48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause): Accident	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)	53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY ... 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)

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

ADPH-HS 2/Rev. 11-93

ANY ALTERATIONS VOID THIS DOCUMENT

SSN: 003 21320

NAME OF DECEASED WILSON

3. 6. 19. 20. 26. 27. 34. 46. 49. 55. 15cc 8-4

CAUSE