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Shelby Cnty Judge of Probate, AL
06/14/2006 12:36:43PM FILED/CERT

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CERTIFICATE OF DEATH

RETURN TO:
Service Link
4000 Industrial Blvd.
Aliquippa PA 15001

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



George J. Myers
Signature of Local or Deputy Registrar

OCTOBER 7, 2004
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) | | 2. DATE OF DEATH (Month, Day, Year) | | 3. COUNTY OF DEATH | |
| John Edward DOUGLAS | | September 13, 2004 | | Jefferson | |
| 4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35233 | | | 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) University of Alabama 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 Male | | | 11. AGE 47 | | |
| 12. UNDER 1 YEAR MOS. DAYS HOURS MINS. | | | 13. DATE OF BIRTH (Month, Day, Year) November 07, 1956 | | |
| 14. DECEASED'S SOCIAL SECURITY NUMBER | | | 15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 2 College (1-4 or 5+) | | |
| 16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married | | | 17. SURVIVING SPOUSE (If wife, give maiden name) Shelia Diane Smith | | |
| 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 Alabama | | | 23. INSIDE CITY LIMITS (Specify Yes or No) NO | | |
| 24. STREET AND NUMBER 112 Stillwood Drive | | | 25. INFORMANT—Name and Address Shelia S. Douglas 35051 112 Stillwood Dr. Columbiana, AL. | | |
| 26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Truck Driver | | | 27. KIND OF BUSINESS OR INDUSTRY Trucking | | |
| 28. FATHER—NAME First Middle Last George Edward Douglas | | | 29. MOTHER—NAME First Middle Last Mary Frances Ruddy | | |
| 30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial | | | 31. DATE OF DISPOSITION (Month, Day, Year) 09-18-2004 | | |
| 32. CEMETERY OR CREMATORY—Name Shelby Memory Gdn. | | | 33. LOCATION—(City or Town—State) Calera, AL. | | |
| 34. FUNERAL HOME—Name and Address Rockco Funeral Home P.O. Box 647 Montevallo, AL 35115 | | | 35. FUNERAL DIRECTOR—Signature William E. Boudett | | |
| 36. DATE SIGNED BY FUNERAL DIRECTOR 10-05-2004 | | | 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." X 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: <i>George J. Myers</i> September 13, 2004 @ 2042 hrs J. R. Glenn, M.D., SME | | |
| 38. DATE SIGNED (Month, Day, Year) | | | 39. TIME AND DATE OF DEATH September 13, 2004 @ 2042 | | |
| 40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) | | | 41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) J. R. Glenn, M.D., SME | | |
| 42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) P.O. Box 2411, Tuscaloosa, AL 35403 | | | 43. CERTIFIER LICENSE NUMBER 9496 | | |
| 44. REGISTRAR—Signature <i>George J. Myers</i> | | | 45. DATE FILED (Month, Day, Year) October 6, 2004 | | |

MEDICAL CERTIFICATION

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| 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Exsanguination DUE TO (OR AS A CONSEQUENCE OF): Multiple incised and stab wounds to the body Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| 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 Unknown) Not Applicable | |
| 49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Homicide | | 50. AUTOPSY (Specify Yes or No) Yes | |
| 52. HOW INJURY OCCURRED (Enter nature of injury in item 46, Part I or item 47, Part II) Repeatedly stabbed in chest, abdomen and back by another | | 53. DATE OF INJURY (Month, Day, Year) September 13, 2004 | |
| 55. INJURY AT WORK (Specify Yes or No) No | | 56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) Pharmacy customer area | |
| 57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) 8320 Hwy 31, Calera 35040 | | 54. HOUR OF INJURY M. | |