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Shelby Cnty Judge of Probate, AL  
07/31/2009 03:57:19 PM FILED/CERT

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Document Title: DEATH CERTIFICATE  
Date of Document: 06-29-2009  
Grantor(s): JOHN EDWARD DOUGLAS  
Grantee(s) PUBLIC AT LARGE

 DOUGLAS  
40941106  
FIRST AMERICAN ELS  
DEATH CERTIFICATE COPY  


AL

# ALABAMA

## Center for Health Statistics



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Shelby Cnty Judge of Probate, AL  
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### ALABAMA

#### CERTIFICATE OF DEATH

04-32575

101

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

County  
File  
Number —

State File Number

3. <u>037020</u> <u>105</u>	1. DECEASED—NAME First Middle Last (Type last name all capital) <b>John Edward DOUGLAS</b>			2. DATE OF DEATH (Month, Day, Year) <b>September 13, 2004</b>		3. COUNTY OF DEATH <b>Jefferson</b>	
6. <u>01</u> <u>059888</u>	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Birmingham 35233</b>			5. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>University of Alabama Hospital</b>	
19. <u>01</u>	7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) <b>Inpatient</b>			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. <b>No</b>		9. RACE—(Specify American Indian, Black, White, etc.) <b>White</b>	
20. <u>059888</u>	10. SEX <b>Male</b>			11. AGE <b>47</b> YRS.		12. UNDER 1 YEAR <b>NO</b>	
26. <u>59401</u>	13. DATE OF BIRTH (Month, Day, Year) <b>November 07, 1956</b>			14. DECEASED'S SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) <b>12</b> College (1-4 or 5+) <b>[REDACTED]</b>	
27. <u>59401</u>	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>			17. SURVIVING SPOUSE (If wife, give maiden name) <b>Shelia Diane Smith</b>		18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>No</b>	
34. <u>59401</u>	19. STATE OF BIRTH (If not in USA, name country) <b>Alabama</b>			20. RESIDENCE—STATE <b>Alabama</b>		21. COUNTY <b>Shelby</b>	
	22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Columbiana 35051</b>			23. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		24. STREET AND NUMBER <b>112 Stillwood Drive</b>	
	25. INFORMANT—Name and Address <b>Shelia S. Douglas 35051</b>			26. 112 Stillwood Dr. Columbiana, Al.		27. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Truck Driver</b>	
	28. FATHER—NAME First Middle Last <b>George Edward Douglas</b>			29. MOTHER—NAME First Middle Last <b>Mary Frances Ruddy</b>		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>	
	31. DATE OF DISPOSITION (Month, Day, Year) <b>09-18-2004</b>			32. CEMETERY OR CREMATORY—Name <b>Shelby Memory Gdn.</b>		33. LOCATION—(City or Town—State) <b>Calera, Al.</b>	
	34. FUNERAL HOME—Name and Address <b>Rockco Funeral Home</b>			35. FUNERAL DIRECTOR—Signature <i>William E. Bennett</i>		36. DATE SIGNED BY FUNERAL DIRECTOR <b>10-05-2004</b>	
	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." <input checked="" type="checkbox"/> Medical Examiner <b>Colonel</b> "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>[Signature]</i>			38. DATE SIGNED (Month, Day, Year) <b>September 24, 2004</b>		39. TIME AND DATE OF DEATH <b>September 13, 2004 @ 2042 hrs</b>	
	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) <b>September 13, 2004 @ 2042 hrs</b>			41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) <b>J. R. Glenn, M.D., SME</b>		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) <b>P. O. Box 2411, Tuscaloosa, AL 35403</b>	
	43. CERTIFIED LICENSE NUMBER <b>9496</b>			44. REGISTRAR—Signature <i>Sherry L Myers</i>		45. DATE FILED (Month, Day, Year) <b>October 6, 2004</b>	

#### 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) → <b>Exsanguination</b>				
DUE TO (OR AS A CONSEQUENCE OF): <b>Multiple incised and stab wounds to the body</b>				
Sequently 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):				
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.) <b>Not Applicable</b>	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>Homicide</b>			50. AUTOPSY (Specify Yes or No) <b>Yes</b>	
51. If yes, were findings considered in determining cause of death? <b>Yes</b>			52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II) <b>Repeatedly stabbed in chest, abdomen and back by another</b>	
53. DATE OF INJURY (Month, Day, Year) <b>September 13, 2004</b>			54. HOUR OF INJURY <b>M.</b>	
55. INJURY AT WORK (Specify Yes or No) <b>No</b>			56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) <b>Pharmacy customer area</b>	
57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) <b>8320 Hwy 31, Calera, AL 35040</b>			58. COUNTY OF INJURY <b>Shelby</b>	

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

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center for Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2009-298-243-9

*Catherine M. Donald*

Catherine Molchan Donald  
State Registrar of Vital Statistics

June 29, 2009

ALL ALTERATIONS VOID THIS DOCUMENT

SSN:

NAME OF DECEASED John Edward Douglas

GT