

ALABAMA

Center for Health Statistics



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Shelby Cnty Judge of Probate, AL
05/03/2010 12:03:43 PM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

101

04-21894

County File Number —		State File Number	
1. DECEASED—NAME First Middle Last (Type last name all capitals)		2. DATE OF DEATH (Month, Day, Year)	
Robert William DARRENKAMP		June 18, 2004	
3. COUNTY OF DEATH		Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE		5. INSIDE CITY LIMITS (Specify Yes or No)	
Helena 35080		Yes	
6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)		816 Stoneridge Drive	
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.)		10. SEX	
White		Male	
11. AGE YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
62			
13. DATE OF BIRTH (Month, Day, Year)		14. DECEASED'S SOCIAL SECURITY NUMBER	
March 3, 1942			
15. EDUCATION (Specify ONLY highest grade completed below)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	
Elementary or High School (0-12)		Married	
College (1-4 or 5+)		4	
17. SURVIVING SPOUSE (If wife, give maiden name)		18. Was Decedent ever in Armed Forces (Specify Yes or No)	
Dorothy Sykes		Yes	
19. STATE OF BIRTH (If not in USA, name country)		20. RESIDENCE—STATE	
Pennsylvania		Alabama	
21. COUNTY		22. CITY, TOWN, OR LOCATION AND ZIP CODE	
Shelby		Helena, AL. 35080	
23. INSIDE CITY LIMITS (Specify Yes or No)		24. STREET AND NUMBER	
Yes		816 Stoneridge Drive	
25. INFORMANT—Name and Address		26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	
Dorothy Darrenkamp		Management	
816 Stoneridge Dr. Helena, AL. 35080		27. KIND OF BUSINESS OR INDUSTRY	
		Medical	
28. FATHER—NAME First Middle Last		29. MAIDEN NAME OF MOTHER—First Middle Last	
John Elwood Darrenkamp		Pearl Mae Huss	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)		31. DATE OF DISPOSITION (Month, Day, Year)	
Burial		June 22, 2004	
32. CEMETERY OR CREMATORY—Name		33. LOCATION—(City or Town—State)	
Ivanhoe Baptist Ch.		Ivanhoe, NC	
34. FUNERAL HOME—Name and Address		35. FUNERAL DIRECTOR—Signature	
Southern Heritage 35124		Ray Hill	
475 Cahaba Valley Rd. Pelham, AL.		36. DATE SIGNED BY FUNERAL DIRECTOR	
		July 2, 2004	
37. <input checked="" type="checkbox"/> 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."		38. DATE SIGNED (Month, Day, Year)	
— 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."		6/29/04	
Signature: <i>Elizabeth A. Lowenthal, DO</i>			
39. TIME AND DATE OF DEATH		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	
1625, June 18, 2004			
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	
Elizabeth A. Lowenthal, DO		1024 1st. St. N. Alabaster, AL. 35007	
43. CERTIFIER LICENSE NUMBER		44. REGISTRAR—Signature	
D0318		Sheila Keller	
45. DATE FILED (Month, Day, Year)			
July 8, 2004			

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. METASTATIC HORMONE REFRACTORY PROSTATE CANCER		2 years	
b. GLEASONS 8, NODE POSITIVE PROSTATE CANCER		6 years	
c. 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			
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.)	
Type II Diabetes, Hyperlipidemia, History of Myocardial Infarction		NO	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)		50. AUTOPSY (Specify Yes or No)	
NATURAL CAUSE			
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.

JUL 09 2004

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2010-195-081-9

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics

March 26, 2010

Exhibit "A"

Legal Description

ALL THAT PARCEL OF LAND IN CITY OF HELENA, SHELBY COUNTY, STATE OF ALABAMA, BEING KNOWN AND DESIGNATED AS FOLLOWS:

LOT 324, ACCORDING TO THE SURVEY OF PHASE I, FIELDSTONE PARK, THIRD SECTOR, AS RECORDED IN MAP BOOK 18, PAGE 113, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

BY FEE SIMPLE DEED FROM FIELDSTONE CONSTRUCTION AND MORTGAGE, INC. AS SET FORTH IN INST # 1994-36958 DATED 12/16/1994 AND RECORDED 12/20/1994, SHELBY COUNTY RECORDS, STATE OF ALABAMA.

Tax ID: 13-5-21-3-002-003.024