

ALABAMA

Center for Health Statistics



20100622000197980 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
06/22/2010 01:44:47 PM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

0001-028741

State File Number 101

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

County
File
Number

3. 059888
6. 000
19. 01
20. 059888
28.
27.
34. 37400

1. DECEASED—NAME First Middle Last (Type last name all capitals) HORACE LAMAR BRANNUM, SR.			2. DATE OF DEATH (Month, Day, Year) AUGUST 20, 2001		3. COUNTY OF DEATH SHELBY	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE STERRETT 35147			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) 15254 HIGHWAY 55	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) NO			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 71 YRS.		12. UNDER 1 YEAR NO	
13. DATE OF BIRTH (Month, Day, Year) FEBRUARY 3, 1930			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 9	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) MARRIED			17. SURVIVING SPOUSE (If wife, give maiden name) ELIZABETH ANN BISHOP		18. Was Decedent ever in Armed Forces (Specify Yes or No) YES	
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 STERRETT 35147			23. INSIDE CITY LIMITS (Specify Yes or No) NO		24. STREET AND NUMBER 15254 HIGHWAY 55	
25. INFORMANT—Name and Address ANN B. BRANNUM 15254 HIGHWAY 55 STERRETT, AL 35147			26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) OWNER		27. KIND OF BUSINESS OR INDUSTRY ANN'S VALLEY FLORIST	
28. FATHER—NAME First Middle Last JOSEPH WHEELER BRANNUM			29. MAIDEN NAME OF MOTHER—First Middle Last LETA C. WRENN		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) BURIAL	
31. DATE OF DISPOSITION (Month, Day, Year) AUG. 22, 2001			32. CEMETERY OR CREMATORY—Name HIGHLAND MEMORIAL GRDNS		33. LOCATION—(City or Town—State) BESSEMER, AL	
34. FUNERAL HOME—Name and Address VALLEY CHAPEL 1800 OXMOOR RD B'HAM, AL 35209			35. FUNERAL DIRECTOR—Signature <i>Tim Skipper</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Aug. 30, 2001	
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." 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>Fred McLean</i>			38. DATE SIGNED (Month, Day, Year) 082701		39. TIME AND DATE OF DEATH 08:15 082001	
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) Barry McLean, MD, PhD		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Suite 200 - 1222 - 14th Ave, B'ham, AL 35205	
43. CERTIFIER LICENSE NUMBER 8362			44. REGISTRAR—Signature <i>Shula Keller</i>		45. DATE FILED (Month, Day, Year) Sept. 06, 2001	

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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Metastatic CA Bladder		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (OR AS A CONSEQUENCE OF):			
DUE TO (OR AS A CONSEQUENCE OF):			
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. HTN, DM, Cerebrovascular Disease		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) Natural		50. ALTOPTSY (Specify Yes or No) No	
51. If yes, were findings considered in determining cause of death? (Specify Yes or No) No		52. HOW INJURY OCCURRED (Enter nature of injury in item 46, Part I or item 47, Part II) NA	
53. DATE OF INJURY (Month, Day, Year) NA		54. HOUR OF INJURY NA	
55. INJURY AT WORK (Specify Yes or No) NA		56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) NA	
57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) NA			

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

SEP 10 2001

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. 2010-273-767-1

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics

June 15, 2010