ALABAMA

CERTIFICATE OF DEATH

State File Number 101

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

3. ____
6. ____
19. ____
20. ____
26. ____
27. ____
34. ____

LOAD # 15013926

1. DECEDENT—NAME: First: George; Middle: Allen; Last: REYNOLDS		2. DATE OF DEATH: February 24, 2007	3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF RESIDENCE: Pelham, 35124	5. RESIDENCE IN CITY LIMITS: yes	5. PLACE OF DEATH: 129 West Stonehaven Cr.	
7. [illegible]	8. DID DECEDENT EVER SERVE IN THE U.S. ARMED FORCES?: no	9. RACE: white	10. SEX: male
11. AGE: 76 YRS	12. IF UNDER 1 YEAR: MOS. / DAYS / HOURS / MINS	13. DATE OF BIRTH: May 1, 1930	14. DECEDENT'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION: Elementary or High School (0-12): [illegible]; College (1-4 or 5+): 3	16. MARITAL STATUS: married	17. SURVIVING SPOUSE: Sarah Castle	18. WAS DECEDENT EVER IN ARMED FORCES?: yes
19. STATE OF BIRTH: Mississippi	20. RESIDENCE—STATE: Alabama	21. COUNTY: Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE: Pelham, 35124
23. WERE CITY TAXES LEVIED?: yes	24. STREET AND NUMBER: 129 West Stonehaven Cr.	25. INFORMANT—Name and Address: Sarah Reynolds 129 West Stonehaven Cr. Pelham, AL 35124	
26. USUAL OCCUPATION: supervisor		27. KIND OF BUSINESS OR INDUSTRY: Aviation	
28. FATHER—NAME: First: Jerry; Middle: M.; Last: Reynolds		29. MAIDEN NAME OF MOTHER: First: Alma; Middle: ; Last: Adams	
30. DISPOSITION: burial	31. DATE OF DISPOSITION: Feb 27, 2007	32. CEMETERY OR CREMATORY—Name: Jefferson Memorial GE	33. LOCATION—City or Town, State: Birmingham, Alabama
34. FUNERAL FACILITY—Name and Address: Jefferson Memorial 1591 Gadsden Hiway Birmingham, AL 35235		35. FUNERAL DIRECTOR—Signature: [signature]	36. DATE SIGNED BY FUNERAL DIRECTOR: Mar 2, 2007
37. ☐ Certifying Physician ☐ Medical Examiner ☐ Coroner — To the best of my knowledge death occurred at the time, date, place, and due to the cause(s) and manner stated. Signature: Melissa Baird, MD			38. DATE SIGNED: 2/28/2007
39. TIME AND DATE OF DEATH: 1:33Am; Feb 24, 2007	40. DATE ATTENDED DECEDENT LAST:	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH: Melissa Baird, MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH: 2084 Valleydale Rd, Hoover AL 35244			43. LICENSE NUMBER: 20884
44. REGISTRAR—Signature: [signature]	For Statistical Purposes Only		45. DATE FILED: March 9, 2007

MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (final disease or condition resulting in death): a. Congestive Heart Failure		APPROXIMATE INTERVAL: ONSET TO DEATH: 1yr.
Sequentially list conditions, if any, leading to the immediate cause. ENTER UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST: b. Coronary Artery Disease		5yr.
c.		
d.		
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Emphysema atrial fibrillation		48. WAS TOBACCO USE CONTRIBUTORY TO DEATH?: No
49. MANNER OF DEATH: Natural	50. AUTOPSY?: No	51. IF FEMALE: were pregnancy conditions contributory to cause of death?:
52. WORK INJURY?:	53. DATE OF INJURY:	54. HOUR OF INJURY:
55. INJURY AT WORK?:	56. PLACE OF INJURY:	57. LOCATION OF INJURY:

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

ADPH-VS-2/Rev. 11-93

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

[signature]
Signature of Local Registrar

March 15, 2007
Date of Issue