

This is a true and exact copy on file with the Talladega County Health Dept.

Brinda Payne  
Registrar

20171030000391350 1/1 \$15.00  
Shelby Cnty Judge of Probate, AL  
10/30/2017 11:21:53 AM FILED/CERT

April 10, 2012  
Date

# ALABAMA

## CERTIFICATE OF DEATH

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

State File Number 101

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26.  
27.  
34.

1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>Betty Joyce CONNELL</b>				2. DATE OF DEATH (Month, Day, Year) <b>March 26, 2012</b>		3. COUNTY OF DEATH <b>Jefferson</b>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Birmingham 35209</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>Brookwood Medical Center</b>	
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>	
10. SEX <b>Female</b>							
11. AGE <b>72</b> YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) <b>January 27, 1940</b>		14. DECEASED'S SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) <b>2</b>				16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>Luther Connell</b>	
18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>No</b>							
19. STATE OF BIRTH (If not in USA, name country) <b>Alabama</b>		20. RESIDENCE—STATE <b>Alabama</b>		21. COUNTY <b>Talladega</b>		22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Sylacauga 35151</b>	
23. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		24. STREET AND NUMBER <b>754 Wilson Lane</b>		25. INFORMANT—Name and Address <b>Luther Connell 754 Wilson Sylacauga, AL 35150</b>			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Ceramics</b>				27. KIND OF BUSINESS OR INDUSTRY <b>Self employed Ceramics</b>			
28. FATHER—NAME First Middle Last <b>Henry Collier</b>				29. MAIDEN NAME OF MOTHER—First Middle Last <b>Ver Dillie Thomas</b>			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>		31. DATE OF DISPOSITION (Month, Day, Year) <b>March 29, 2012</b>		32. CEMETERY OR CREMATORY—Name <b>Grimes Chapel Cemetery</b>		33. LOCATION—(City or Town—State) <b>Sylacauga, AL</b>	
34. FUNERAL HOME—Name and Address <b>Radney-Smith Funeral Home 320 N. Elm Avenue Sylacauga, AL 35150</b>				35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR <b>April 6, 2012</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." Medical Examiner—Coroner Signature: <i>[Signature]</i>						38. DATE SIGNED (Month, Day, Year) <b>4/5/12</b>	
39. TIME AND DATE OF DEATH <b>0605 3/26/12</b>		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) <b>Aftab Khan MD</b>			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>P.O. Box 130387 Rlham, AL 35213</b>						43. CERTIFIER LICENSE NUMBER <b>24061</b>	
44. REGISTRAR—Signature <i>Brinda Payne</i>				45. DATE FILED (Month, Day, Year) <b>April 10, 2012</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 INJURY AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Cardiac arrest</b>				
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				
a. DUE TO (OR AS A CONSEQUENCE OF): <b>Anemia</b>				
b. DUE TO (OR AS A CONSEQUENCE OF): <b>ESRD</b>				
c. DUE TO (OR AS A CONSEQUENCE OF): <b>Hypotension</b>				
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <b>lung cancer stage 4</b>			48. WAS THERE A PREGNANCY IN LA 42 DAYS? (Specify Yes, No, or Unknown)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>Natural cause</b>			50. AUTOPSY (Specify Yes or No) <b>No</b>	
51. If yes, were findings considered in determining cause of death? (Specify Yes or No)			52. HOUR OF INJURY	
53. DATE OF INJURY (Month, Day, Year)			54. HOUR OF INJURY	
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

NAME OF DECEASED Betty Connell