I Forest E. Ludden, Ed.D., State Registrar of Vital Statistics, certify this is a true and exact copy of the original certificate filed in the Bureau of Vital Statistics, State of Alabama, Department of Public Health, Montgomery, AL, and have caused the official seal of the Bureau of Vital Statistics to be affixed.

Forest E. Ludden, Ed.D.

Forest E. Ludden, Ed.D., State Registrar

Sept. 3, 1982

STATE OF ALABAMA
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. FIRST: Jerry | MIDDLE: | LAST: Cook | DATE OF DEATH (MONTH, DAY, YEAR): August 21 1982
2. SEX: M | AGE—LAST BIRTHDAY (YEARS): 43 | UNDER 1 YEAR: MOS. / DAYS | UNDER 1 DAY: HOURS / MIN. | DATE OF BIRTH (MONTH, DAY, YEAR): 7/21/39 | COUNTY OF DEATH: Chilton
3. PLACE OF DEATH: Alabama | INSIDE CITY LIMITS (SPECIFY YES OR NO): No | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT, IN EITHER, GIVE STREET AND NUMBER): Rt. 1 Box 616
4. RESIDENCE: [redacted] | CITIZEN OF WHAT COUNTRY: USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Betty Wear
5. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): State A.B.C. Beard | KIND OF BUSINESS OR INDUSTRY:
6. COUNTY: Chilton | CITY, TOWN, or LOCATION: Calera | INSIDE CITY LIMITS (SPECIFY YES OR NO): No | STREET AND NUMBER: Rt. 1 Box 616
7. FATHER—NAME: Joseph C. Cook | MOTHER—MAIDEN NAME: Iva Dell Harriso
8. INFORMANT—NAME AND ADDRESS: James M. Martin Coroner, Chilton, Co. | INFORMANT—NAME: Mrs Betty Cook | ADDRESS: Rt. 1 Box 616 Calera, Alabama
9. DISPOSITION: Burial | CEMETERY OR CREMATORY—NAME: Providence #1 | LOCATION: Chilton County Alabama
10. DATE OF DISPOSITION (MONTH, DAY, YEAR): 8/22/1982 | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Hoffman-Rockco P.O. Box 44 Montevallo, Alabama
11. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Billy H. Parker | REGISTRAR—SIGNATURE: Doris G. Gray | DATE RECEIVED BY LOCAL REGISTRAR: 8-27-82

12. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
- (a) Heart Attack
- DUE TO, OR AS A CONSEQUENCE OF:
- DUE TO, OR AS A CONSEQUENCE OF:

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

13. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).
19a. AUTOPSY (YES, NO): No | 19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH | 19c. WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.)

20. ACCIDENT, SUICIDE, HOMICIDE: DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
21. INJURY AT WORK: PLACE OF INJURY AT, HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

22. CERTIFICATION: I ATTENDED THE DECEASED FROM: MONTH Dec DAY YEAR TO: MONTH Dec DAY YEAR | AND LAST SAW HIM/HER ALIVE ON: MONTH Dec DAY YEAR | DID/DID NOT VIEW THE BODY AFTER DEATH: Did | DEATH OCCURRED AT the place, on the date, and to the best of my knowledge due to the M. cause(s) stated.

CORONER OR HEALTH OFFICER: On the basis of the examination of the body and/or the investigation, in my opinion death occurred at the date and due to the cause(s) stated. | HOUR OF DEATH: M. | THE DECEDENT WAS PRONOUNCED DEAD: MONTH 8- DAY 21- YEAR 82 HOUR 6A M.

23. SIGNATURE OF CORONER OR HEALTH OFFICER (TYPE OR PRINT): James M. Martin | SIGNATURE: James M. Martin | DEGREE OR TITLE: Coroner | DATE SIGNED (MONTH, DAY, YEAR): 8-23-82
STREET OR R.F.D. NO.: | CITY OR TOWN: Chilton | STATE: Ala | ZIP: 35045

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STATE OF ALA. SHELBY CO.
I CERTIFY THIS
TO BE A TRUE COPY FILED

1982 NOV 18 AM 9:16

Thelma A. Sanders
JUDGE OF PROBATE

Rec. 1.50
Ind. 1.00
2.50

William Cook