STATE OF ALABAMA
CERTIFICATE OF DEATH

Pending

STATE FILE NUMBER

TYPE, OR PRINT IN PERMANENT INK

DECEASED

1. DECEASED—NAME: FIRST Clara; MIDDLE Boothe; LAST Lawley
2. DATE OF DEATH (MONTH, DAY, YEAR): August 16 1983
3. RACE or COLOR: Cau.
4. SEX: F
5a. AGE—LAST BIRTHDAY (YEARS): 61
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): 8/4/1922
7a. COUNTY OF DEATH: Shelby
7b. CITY, TOWN, OR LOCATION OF DEATH: Alabaster
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Shelby Medical Center
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Alabama
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): n/a
12. SOCIAL SECURITY NUMBER: [redacted]
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: domestic - own home

USUAL RESIDENCE WHERE DECEASED LIVED. (IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

14a. [illegible]labama
14b. COUNTY: Shelby
14c. CITY, TOWN, or LOCATION: Montevallo
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
14e. STREET AND NUMBER: Rt. 4 Box 401

PARENTS

15. FATHER—NAME: FIRST Avery; MIDDLE ; LAST Boothe
16. MOTHER—MAIDEN NAME: FIRST Unknown; MIDDLE ; LAST

17a. PHYSICIAN'S NAME (IF ANY): Dr. Bryant McClelland — INFORMANT—NAME: Mrs Evelyn Stanley
17a. ADDRESS: Alabaster, Al. — 17b. ADDRESS: Rt. 2 Box 138, Calera, Al.

MEDICAL CERTIFICATION

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a): Congestive Heart failure
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF (b): Cardiomyopathy
DUE TO, OR AS A CONSEQUENCE OF (c): Renal failure

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): NONE

19a. AUTOPSY (YES OR 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.): NO

IF NO PHYSICIAN WAS IN ATTENDANCE MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER, OR CORONER

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): Acc
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: MONTH 7 DAY 1 YEAR 79 TO 21b. MONTH 8 DAY 16 YEAR 83
21c. AND LAST SAW HIM/HER ALIVE ON: MONTH 8 DAY 16 YEAR 83
21d. DID/DID NOT VIEW THE BODY AFTER DEATH: DID
21e. DEATH OCCURRED AT (HOUR): 11:33 A.M. and to the best of my knowledge, due to the cause(s) stated.

22a. CERTIFICATION—CORONER OR HEALTH OFFICER: On the basis of the examination of the body and/or the investigation, in my opinion death occurred on the date and due to the cause(s) stated. HOUR OF DEATH: 11:33 A. M.
22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH AUGUST DAY 16, YEAR 1983 HOUR 11:33A. M.

23a. CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT): BRYAN McCLELLAND, M. D.
23b. SIGNATURE: [signature] — DEGREE OR TITLE: MD — 23c. DATE SIGNED (MONTH, DAY, YEAR): 8/26/83
23d. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO.): P. O. BOX 522 — CITY OR TOWN: ALABASTER — STATE: ALABAMA — ZIP: 35007

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Macedonia #1
24c. LOCATION: CITY OR TOWN: Shelby County — STATE: Alabama
24d. DATE (MONTH, DAY, YEAR): 8/18/1983
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Hoffman-Rockco P.O. Box 44 Montevallo, Al.
25b. FUNERAL DIRECTOR—SIGNATURE: Billy H. Rockco
26a. REGISTRAR—SIGNATURE: Lena Mae Davis
26b. DATE RECEIVED BY LOCAL REGISTRAR: 31 AUGUST 1983

VS-2 Revised 11/73

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STATE OF ALABAMA
COUNTY OF SHELBY

June 7 1984

THIS IS TO CERTIFY THAT THE ABOVE IS A COPY OF THE ORIGINAL DEATH CERTIFICATE AS SUBMITTED TO THIS OFFICE.

(not valid without seal)

STATE OF ALA. SHELBY CO.
I CERTIFY THIS INSTRUMENT WAS FILED
Lena Mae Davis
SHELBY COUNTY REGISTRAR

1984 JUN -7 PM 3:37

Fee 1.50
Cert. 2.50

JUDGE OF PROBATE

Shirley Bailey
Rt 2 Box 230
Alabaster, Al
35007