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

Lottie S. Maxwell
Signature of Local Registrar

February 1, 1996
Date of Issue

Inst # 1996-14469

ALABAMA
CERTIFICATE OF DEATH

County File Number –

State File Number 101

1. DECEASED—NAME First: James Middle: H. Last: PHILLIPS		2. DATE OF DEATH (Month, Day, Year): January 17, 1996	3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Alabaster 35007	5. INSIDE CITY LIMITS (Specify Yes or No): Yes	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): Shelby Medical Center	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): Inpatient	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: 89 YRS	12. UNDER 1 YEAR: MOS / DAYS	UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): May 9, 1906
14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]			
15. EDUCATION (Specify Only Highest Grade Completed): Elementary or High School (0-12): 5rh / College (1-4 or 5+):	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Widowed	17. SURVIVING SPOUSE (If wife, give maiden name): N/A	18. Was Decedent ever in Armed Forces (Specify Yes or No): No
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: Alabaster 35007
23. INSIDE CITY LIMITS (Specify Yes or No): Yes	24. STREET AND NUMBER: 873 Burning Tree Trail	25. INFORMANT—Name and Address: P. O. Box 3612 Dan Phillips Gulf Shores, Alabama 36542	
26. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman		27. KIND OF BUSINESS OR INDUSTRY: Insurance	
28. FATHER—NAME First: James Middle: Edward Last: Phillips		29. MAIDEN NAME OF MOTHER— First: Willie Middle: Dale Last: Reach	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Donation, Other): Burial	31. DATE OF DISPOSITION (Month, Day, Year): Jan. 19, 1996	32. CEMETERY OR CREMATORY—Name: Little Hope Prim. Bapt.	33. LOCATION—(City or Town—State): Eoline, Alabama
34. FUNERAL HOME—Name and Address: Ridout's Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124		35. FUNERAL DIRECTOR—Signature: Bob Beavers	36. DATE SIGNED BY FUNERAL DIRECTOR: Jan. 23, 1996
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 "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: [illegible]			38. DATE SIGNED (Month, Day, Year): 1/19/96
39. TIME AND DATE OF DEATH: 1/17/96 1045	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): Ginger Alredmo	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 1004 1st St N Suite 270 Alabaster, Ala 35007			43. CERTIFIER LICENSE NUMBER: 4525
44. REGISTRAR—Signature: Lottie S. Maxwell	For State or County use only		45. DATE FILED (Month, Day, Year): January 31, 1996

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 ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CHF	
DUE TO (OR AS A CONSEQUENCE OF): b. Cicute MI	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c.	
DUE TO (OR AS A CONSEQUENCE OF): d.	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	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 Cause	50. AUTOPSY (Specify Yes or No): No	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (If more than one injury, describe each separately):	53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY: ▼ M
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)

05/03/1996 09:51 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 8.50

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