STATE OF ALABAMA

CERTIFICATE OF DEATH

State File Number 101 Pending

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

1. DECEASED—NAME (First, Middle, Last (Print last name all capitals)): TRAVIS OLIN KILLINGSWORTH

2. DATE OF DEATH (Month, Day, Year): DECEMBER 16,1989

3. COUNTY OF DEATH: SHELBY

4a. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: ALABASTER 35007

4b. INSIDE CITY LIMITS: ☐ Yes ☐ No

4c. PLACE OF DEATH (HOSPITAL OR OTHER INSTITUTION—If not in either, give street and number): SHELBY MEDICAL CENTER

5a. OF HISPANIC ORIGIN (Specify Yes or No) If yes, Specify Cuban, Mexican, Puerto Rican, etc.: ☐ Yes ☒ No Specify

5b. RACE—American Indian, Black, White, etc.—Specify: WHITE

5c. SEX: M

6. DATE OF BIRTH (Month, Day, Year): JULY 30,1918

7a. AGE: 70 Years

7b. UNDER 1 YEAR: MOS. DAYS

7c. UNDER 1 DAY: HOURS MIN.

8a. PLURALITY AT BIRTH: ☒ Single ☐ Twin ☐ Other (Specify)

8b. IF NOT SINGLE BIRTH—BORN: ☐ First ☐ Second ☐ Other (Specify)

9. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]

DECEASED

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

10. WAS DECEDENT EVER IN ARMED FORCES: ☐ Yes ☒ No

11. DECEDENT'S EDUCATION—Specify only highest grade completed: Elementary/Secondary (Circle) 0 1 2 3 4 5 6 7 8 9 10 11 (12); College (Circle) 1 2 3 4 5+

12. MARITAL STATUS: ☐ Married ☒ Never Married ☐ Widowed ☐ Divorced

13. SURVIVING SPOUSE (If wife, give maiden name): UNKNOWN

14. STATE OF BIRTH (If not in U.S.A., name country): ALABAMA

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRINTER

16. KIND OF BUSINESS OR INDUSTRY: RETIRED

17a. RESIDENCE—STATE: ALABAMA

17b. COUNTY: SHELBY

17c. CITY, TOWN, OR LOCATION AND ZIP: MONTEVALLO 35115

17d. INSIDE CITY LIMITS: ☒ Yes ☐ No

17e. STREET AND NUMBER: 484 PINEVIEW RD.

MOTHER

18. MOTHER—MAIDEN NAME (First, Middle, Last): RENNA GERTRUDE FANCHER

19. DATE OF BIRTH: UNKNOWN

20. SOCIAL SECURITY NUMBER: UNKNOWN

FATHER

21. FATHER—NAME (First, Middle, Last): FLEIX WOOD KILLINGSWORTH

22. DATE OF BIRTH: UNKNOWN

23. SOCIAL SECURITY NUMBER: UNKNOWN

24. PHYSICIAN'S NAME (If any) Address: DR.GARY HARRELSON MONTEVALLO,AL.35115

25. INFORMANT—NAME Address: MRS.GLORIA K.HORN 484 PINEVIEW RD.MONTEVALLO,AL.35115

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

26. IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 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.

(a) Pneumonia

Due to, or as a consequence of:

(b) acute myocardial infarction

Due to, or as a consequence of:

(c)

27. PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in part 1 (a)

28a. AUTOPSY ☐ Yes ☐ No

28b. IF YES were findings considered in determining cause of death ☐ Yes ☐ No

28c. WAS THERE A PREGNANCY IN LAST 90 DAYS ☐ Yes ☐ No ☐ Unk; 42 DAYS ☐ Yes ☐ No ☐ Unk

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

29. EXTERNAL CAUSES ONLY ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ OTHER (Specify)

30a. WAS AN OPERATION PERFORMED During Last 28 Days ☐ Yes ☐ No

30b. REASON FOR OPERATION (Specify)

31a. DATE OF INJURY (Month, Day, Year)

31b. HOUR

31c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 27)

31d. INJURY AT WORK ☐ Yes ☐ No

31e. PLACE OF INJURY—At home, farm, street, factory, office bldg., etc. (Specify)

31f. LOCATION (Street or R.F.D. No., City or Town, State)

CERTIFIER

32a. CERTIFIER (check only one) ☒ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner stated." ☐ Medical Examiner/Coroner or Health Officer "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated."

32b. CERTIFIER LICENSE NUMBER: 11448

33a. CERTIFICATION PHYSICIAN I attended the Deceased from: Month 6 Day 3 Year 86 to 33b. Month 12 Day 16 Year 89

33c. AND LAST SAW HIM/HER ALIVE (Month, Day, Yr.): 12-15-89

33d. I did/did not view the body after death ☐ Did ☒ Did Not

33e. DEATH OCCURRED (Hour): 4:20 P.M. At the place, on the date and at the time of my knowledge, due to the cause(s) stated

34a. CERTIFICATION-MEDICAL EXAMINER/CORONER OR HEALTH OFFICER: Hour of Death 4:20 P.M.

34b. THE DECEASED WAS PRONOUNCED DEAD: Month Dec Day 16th Year 1989 Hour 4:20 P.M.

35a. CERTIFIER-PHYSICIAN, MEDICAL EXAMINER/ CORONER OR HEALTH OFFICER (Type or Print Name): Gary HARRELSON

35b. MAILING ADDRESS—CERTIFIER (Street or R.F.D. No., City or Town, State, Zip): 266 N. Selma Rd. Montevallo,Al. 35115

35c. CERTIFIER'S SIGNATURE: Gary B Harrelson M.D.

35d. DATE SIGNED (Month, Day, Year): 1/3/90

DISCLOSURE OF SOCIAL SECURITY NUMBER IS VOLUNTARY

BURIAL

36. DISPOSITION OF BODY ☒ Burial ☐ Removal ☐ Cremation ☐ Donation

37a. CEMETERY OR CREMATORY—Name: MONTEVALLO CEMETERY

37b. LOCATION City or Town, State: MONTEVALLO,AL.35115

37c. DATE OF DISPOSITION (Month, Day, Year): DECEMBER 18,1989

37d. FUNERAL HOME—Name and Address (Street or R.F.D. No., City or Town, State, Zip): ROCKCO'S F.H.P.O.BOX 44 MONTEVALLO,AL.35115

37e. DATE SIGNED BY FUNERAL DIRECTOR: DEC.19.1989

37f. FUNERAL DIRECTOR—Signature: Elizabeth Rockco

38a. REGISTRAR—Signature: Linda D. Brown

38b. DATE RECEIVED BY LOCAL REGISTRAR: 01-05-90

ADPH-F-VS-2/Rev. 5-88

STATE OF ALABAMA

COUNTY OF SHELBY

I CERTIFY THIS IS AN OFFICIAL COPY OF THE RECORD THAT WAS TENDERED TO THE SHELBY COUNTY HEALTH DEPARTMENT ON January 05 19 90.

01-05 19 90

(not valid without seal)

Linda D. Brown
SHELBY COUNTY REGISTRAR

Inst # 1997-02376

01/23/1997-02376
03:34 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCD 8.50