

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW
 This is a true and exact copy of the record on file with the Shelby County Health Department.

Jonis Hardy
 Signature of Local Registrar

Jan 6, 1997
 Date of Issue

02/05/1997-03762
 09:50 AM CERTIFIED
 SHELBY COUNTY JUDGE OF PROBATE
 001 WEL 8.50
 State File Number 101

ALABAMA

CERTIFICATE OF DEATH

1. DECEASED—NAME First Middle Last (Type last name all capitals) Amy H. SAARI			2. DATE OF DEATH (Month, Day, Year) December 1, 1996		3. COUNTY OF DEATH Shelby			
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham, 35242			5. INSIDE CITY LIMITS (Specify Yes or No) No		6. PLACE OF DEATH—HOSPITAL, OR OTHER INSTITUTION—(If not in urban, give street and number) 5060 Caldwell Mill Road			
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, OOA)			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 Female		11. AGE 79 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS		13. DATE OF BIRTH (Month, Day, Year) January 25, 1917		
14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]			15. EDUCATION (Specify Oth. Y. business; check completed below) Elementary or High School (0-12) College (1-4 or 5+) 4		16. MARITAL STATUS (Specify Married, never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give maiden name) No	
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 Birmingham, 35242		23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 5060 Caldwell Mill Road		25. INFORMANT—Name and Address Diana W. Quinones Birmingham, AL 35242		
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Homemaker			27. KIND OF BUSINESS OR INDUSTRY Own Home					
28. FATHER—NAME First Middle Last Lucius Haney			29. MAIDEN NAME OF MOTHER— First Middle Last Amanda Dean					
30. DISPOSITION OF BODY (Specify Burial, Cremation, Mince, Donation, Hospital Disposal, Other) Cremation		31. DATE OF DISPOSITION (Month, Day, Year) Dec 1, 1996		32. CEMETERY OR CREMATORY—Name Johns-Ridout's		33. LOCATION—(City or Town—State) Birmingham, Alabama		
34. FUNERAL HOME—Name and Address Johns-Ridout's Birmingham, AL 35233		35. FUNERAL DIRECTOR—Signature <i>Jane Smith</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Dec 12, 1996		37. DATE SIGNED (Month, Day, Year) Dec 12, 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 causes and manner stated. Signature: <i>John H. Hankins</i>			38. 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 causes and manner stated.			38. DATE SIGNED (Month, Day, Year) Dec 12, 1996		
39. TIME AND DATE OF DEATH 5:45 PM Dec 1, 1996		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) John A. Hankins				
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 415 Rd. Brookwood Medical Center Univ Birmingham AL 35299			43. CERTIFIER LICENSE NUMBER 5073		44. REGISTRAR—Signature <i>Carol Lee</i>			
44. REGISTRAR—Signature <i>Carol Lee</i>					45. DATE FILED (Month, Day, Year) December 26, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Metastatic Breast Carcinoma</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
a. DUE TO (OR AS A CONSEQUENCE OF):				
b. DUE TO (OR AS A CONSEQUENCE OF):				
c. DUE TO (OR AS A CONSEQUENCE OF):				
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, Unexplained Circumstances, Pending Investigation, Natural Cause) <u>Natural Cause</u>			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 (Enter nature of injury in Item 46, Part I & Item 47, Part II)	
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 P.O. No., City or Town, State)				

This is a legal record and must be filed within five (5) days after death

ANY ALTERATIONS VOID THIS DOCUMENT

Inst # 1997-03762

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