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

Signature of Local or Deputy Registrar

08-27-93
Date of Issue

Inst # 1998-26746

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) BETTY LUCILLE HENDERSON		2. DATE OF DEATH (Month, Day, Year) AUGUST 13, 1993	3. COUNTY OF DEATH JEFFERSON
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE BIRMINGHAM 35228	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) 1104 BRIGHTON ROAD	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)	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 49 YRS.	12. UNDER 1 YEAR MOS / DAYS	UNDER 1 DAY HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year) FEBRUARY 07, 1944	14. DECEASED'S SOCIAL SECURITY NUMBER [redacted]	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12): 00 / College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) NEVER MARRIED	17. SURVIVING SPOUSE (If wife, give maiden name)	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 JEFFERSON	22. CITY, TOWN, OR LOCATION AND ZIP CODE BIRMINGHAM 35228		
23. INSIDE CITY LIMITS (Specify Yes or No) YES	24. STREET AND NUMBER 1104 BRIGHTON RD.	25. INFORMANT—Name and Address SUE H. VANCE 1824 WINDSOR BLVD, BIRMINGHAM, ALABAMA			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) N/A	27. KIND OF BUSINESS OR INDUSTRY N/A				
28. FATHER—NAME First Middle Last KENNETH M. HENDERSON	29. MOTHER—MAIDEN NAME First Middle Last M. LUCILLE BENNETT				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) BURIAL	31. DATE OF DISPOSITION (Month, Day, Year) AUGUST 16, 1993	32. CEMETERY OR CREMATORY—Name ELMWOOD CEMETERY	33. LOCATION—(City or Town—State) BIRMINGHAM, ALABAMA		
34. FUNERAL HOME—Name and Address JOHN RIDOUT'S ELMWOOD CHAPEL 800 DENNISON AV SW, BHAM, AL 35211	35. FUNERAL DIRECTOR—Signature Howard Shell		36. DATE SIGNED BY FUNERAL DIRECTOR AUGUST 16, 1993		

37. ✓ **Certifying Physician** (Physician certifying cause of death) "To the best of my knowledge death occurred at the time, date, place, and due to the cause(s) and manner stated."
__ Medical Examiner __ Coroner __ Health Officer "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: George M Perrine MD

38. DATE SIGNED (Month, Day, Year)
8/24/93

39. TIME OF DEATH 1:10PM	40. DATE AND TIME PRONOUNCED DEAD Aug. 13,1993 1:10PM	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Dr. George M. Perrine
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 833 Princeton Ave. SW Simon Williamson Clinic PA Birmingham, Al.		43. CERTIFIER LICENSE NUMBER 6883
44. REGISTRAR—Signature Louise M Graves	For State or County use only	45. DATE FILED (Month, Day, Year) Aug. 27, 1993

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. Ovarian Cancer	
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. 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. Inst # 1998-26746

48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
NO

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, 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 (Enter nature of injury in Item 46, Part I or Item 47, Part II)	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 and No., City or Town, State)

08/15/1998-26746
09:07 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCD 8.50

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

ADPH-F-HS 2/Rev. 4-93