

# ALABAMA

Center for Health Statistics Inst # 2001-25977

06/25/2001-25977  
10:05 AM CERTIFIED

SHELBY COUNTY JUDGE OF PROBATE  
001 MB 11.00

003601

STATE OF ALABAMA  
CERTIFICATE OF DEATH

15628

STATE FILE NUMBER

TYPE, OR PRINT IN PERMANENT INK

1. DECEASED—NAME FIRST: Benjamin MIDDLE: Holmes LAST: Holmes		2. DATE OF DEATH (MONTH, DAY, YEAR) June 14, 1981	
3. RACE OR COLOR White	4. SEX M	5. AGE—LAST BIRTHDAY (YEARS) 65	6. DATE OF BIRTH (MONTH, DAY, YEAR) 6-30-1915
7a. CITY, TOWN, OR LOCATION OF DEATH Birmingham 037020		7b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Baptist Medical Center, Montclair 254	7c. COUNTY OF DEATH Jefferson
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Alabama	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Margaret Wilder Holmes
12. RESIDENCE—STATE Alabama	13. COUNTY Shelby	14. CITY, TOWN, OR LOCATION Vincent	15. STREET AND NUMBER Rt. 1, Box 457
16. FATHER—NAME FIRST: Dallas MIDDLE: Holmes LAST: Holmes		17. MOTHER—MAIDEN NAME FIRST: Sarah MIDDLE: Ellen LAST: Riddlehoover	
18. PHYSICIAN'S NAME (IF ANY) Dr. James M. Morgan		19. INFORMANT—NAME Margaret Holmes	
20. ADDRESS 840 Montclair Rd., B'ham, Al.		21. ADDRESS Route 1, Box 457, Vincent, Alabama	

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.  
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PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), OR (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1. IMMEDIATE CAUSE (a) <i>Myocardial infarction</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Brain metastases</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>2021</i>		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		2. WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.) 0
3. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	4. DATE OF INJURY (MONTH, DAY, YEAR)	5. HOUR
6. INJURY AT WORK (SPECIFY YES OR NO)	7. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	8. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
9. CERTIFICATION—PHYSICIAN ATTENDED THE DECEASED FROM	10. MONTH DAY YEAR	11. AND LAST SAW HIM/HER ALIVE OR MONTH DAY YEAR
12. CERTIFICATION—CORONER OR HEALTH OFFICER: On the basis of the examination of the body and the investigation, in my opinion death resulted or is a direct result due to the cause(s) stated.	13. MONTH DAY YEAR	14. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR
15. CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT) James M. Morgan, M.D.	16. SIGNATURE <i>James M. Morgan</i>	17. DATE SIGNED (MONTH, DAY, YEAR) 6-23-81
18. MAILING ADDRESS—CERTIFIER	19. STREET OR R.F.D. NO.	20. CITY OR TOWN STATE ZIP
21. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	22. CEMETERY OR CREMATORY—NAME PineLawn Cem.	23. LOCATION CITY, OR TOWN STATE Columbiana, Alabama 562
24. DATE (MONTH, DAY, YEAR) 6-16-1981	25. FUNERAL HOME—NAME AND ADDRESS Bolton-Brown Service P.O. Box 1066, Columbiana, Al. 35051	26. FUNERAL DIRECTOR—SIGNATURE <i>Robert Bolton, Jr.</i>
27. REGISTER—SIGNATURE <i>Janice Sue</i>	28. DATE RECEIVED BY LOCAL REGISTRAR June 24, 1981	

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I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2001-268-241-9

*Dorothy S. Harshbarger*  
Dorothy S. Harshbarger, State Registrar

June 15, 2001

ANY ALTERATIONS VOID THIS DOCUMENT

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