ALABAMA
Center for Health Statistics

CBH

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

3. 059888
6. 001
19. 01
20. 059074
25. ____
27. ____
34. 11402

ALABAMA
CERTIFICATE OF DEATH

99-037346

County File Number —

State File Number 101

1. DECEASED—NAME First: AKA Jay Middle: Melvin Last: Cleckler (Type last name all capitals) Suffix: D. CLECKLER JR.

2. DATE OF DEATH (Month, Day, Year): November 24, 1999

3. COUNTY OF DEATH: Shelby

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Helena 35080

5. INSIDE CITY LIMITS (Specify Yes or No): No

6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): Shelby Co. Rd. #91

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: Male

11. AGE: YRS. 31

12. UNDER 1 YEAR: MOS. ____ DAYS ____

UNDER 1 DAY: HOURS ____ MINS. ____

13. DATE OF BIRTH (Month, Day, Year): Oct 23, 1968

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

15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): ____ College (1-4 or 5+): 4

16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married

17. SURVIVING SPOUSE (If wife, give maiden name): Lynn Wilson

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: 1116 Siskin Dr.

25. INFORMANT—Name and Address: Lynn W. Cleckler 1116 Siskin Dr., Alabaster, AL 35007

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Videographer/Editor

27. KIND OF BUSINESS OR INDUSTRY: Vertical Air

28. FATHER—NAME First: Melvin Middle: D. Last: Cleckler Sr.

29. MAIDEN NAME OF MOTHER— First: Lucy Middle: Barkley Last:

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial

31. DATE OF DISPOSITION (Month, Day, Year): Nov 28, 1999

32. CEMETERY OR CREMATORY—Name: Martin Memorial Cem.

33. LOCATION—(City or Town—State): Clanton, AL

34. FUNERAL HOME—Name and Address: Martin Funeral Home, Inc. P.O. Box 86, Clanton, AL. 35046

35. FUNERAL DIRECTOR—Signature: Robert McTyer Sons

36. DATE SIGNED BY FUNERAL DIRECTOR: Nov 27, 1999

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: Diana S. Hawkins

38. DATE SIGNED (Month, Day, Year): 11-29-1999

39. TIME AND DATE OF DEATH: Found ~20:00pm 11-24-1999

40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only): 11-24-99 Found ~20:00pm

41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 45): Diana S. Hawkins - Chief Deputy Coroner

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 45): P. O. Box 1321 Columbiana, Alabama 35051

43. CERTIFIER LICENSE NUMBER:

44. REGISTRAR—Signature: Dorothy S. Harshbarger

For State or County use only

45. DATE FILED (Month, Day, Year): DEC 01 1999

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): → a. Multiple Blunt Force Trauma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

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.

48. WAS WERE 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): Accident

50. AUTOPSY (Specify Yes or No): yes

51. If yes, were findings considered in determining cause of death? (Specify Yes or No): yes

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II): Victim of helicopter crash

53. DATE OF INJURY (Month, Day, Year): November 24, 1999

54. HOUR OF INJURY: 7 PM

55. INJURY AT WORK (Specify Yes or No): no

56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.): Woods off County Road #91

57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State): Hwy 91 Helena, Alabama

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

DEC 01 1999

ADPH-HS 2/Rev. 11-93

NAME OF DECEASED Melvin D. Cleckler SSN: [redacted]

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. 2000-159-291-2

Dorothy S. Harshbarger

Dorothy S. Harshbarger, State Registrar

March 2, 2000