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

Peggy Lurie
Signature of Local or Deputy Registrar

SEPT. 30, 2003
Date of Issue

RETURN TO: Ray Hundley
Transcontinental Title Co
4033 Tampa Rd, Suite 101
Oldsmar, Fl. 34677
800-225-7097

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

D214092-T-1
County File Number —

ALABAMA
CERTIFICATE OF DEATH

State File Number 101

1. DECEASED—NAME First: Donald Middle: L. Last (Type last name all capitals): COMER, SR		2. DATE OF DEATH (Month, Day, Year): September 24, 2003	3. COUNTY OF DEATH: Jefferson
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Birmingham 35213	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): BMC Montclair	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): inpatient	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: 81 YRS.	12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): February 16, 1922	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+): 1	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): married	17. SURVIVING SPOUSE (If wife, give maiden name): Eleanor Newton	18. Was Decedent ever in Armed Forces (Specify Yes or No): yes
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: B'ham 35242
23. INSIDE CITY LIMITS (Specify Yes or No): yes	24. STREET AND NUMBER: 4967 Meadow Brook Rd	25. INFORMANT—Name and Address: Eleanor Comer	4967 Meadow Brook Rd Birmingham, AL 35242
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): sales manager		27. KIND OF BUSINESS OR INDUSTRY: food industry	
28. FATHER—NAME First: Robert Middle: J. Last: Comer		29. MAIDEN NAME OF MOTHER— First: Minnie Middle: Last: Bristow	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): burial	31. DATE OF DISPOSITION (Month, Day, Year): Sept. 26, 2003	32. CEMETERY OR CREMATORY—Name: Shelby Memory	33. LOCATION—(City or Town—State): Calera, AL
34. FUNERAL HOME—Name and Address: Southern Heritage 475 Cahaba Valley Rd Pelham, AL 35124		35. FUNERAL DIRECTOR—Signature: Tina Skipper	36. DATE SIGNED BY FUNERAL DIRECTOR: Sept 26, 2003
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: Douglas W. Dailey M.D.			38. DATE SIGNED (Month, Day, Year): 9/24/03
39. TIME AND DATE OF DEATH: 12:37 Am. 9/24/03	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): Doug Dailey M.D.	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 800 Montclair Rd 1st Floor B'ham, AL. 35213			43. CERTIFIER LICENSE NUMBER: 11088
44. REGISTRAR— Signature: Helen Morrison	For State or County use only		45. DATE FILED (Month, Day, Year): September 29, 2003

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. Acute renal failure	
	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.
CAD, CHF, atrial, coagulopathy, drug toxicity

48. WAS THERE 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): Natural Causes

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 or R.F.D. No., City or Town, State)

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

ADPH-HS 2/Rev. 11-93

ANY ALTERATIONS VOID THIS DOCUMENT
DECEASED
BURIAL
CERTIFIER
NAME OF DECEASED
SSN
2003 272 3
3. 6. 19. 20. 26. 27. 34. 46. 49. 55.
8C 9/30