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

ALABAMA
Center for Health Statistics

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

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ALABAMA
CERTIFICATE OF DEATH

State File Number 101 — 04-05964

County File Number —

3. 037020
6. 105
18. To
20. 054888
26. ———
27. 37416
34. ———

1. DECEASED—NAME: First: Diane; Middle: Elizabeth; Last (Type last name all capitals): Pearson
2. DATE OF DEATH (Month, Day, Year): February 24, 2004
3. COUNTY OF DEATH: Jefferson
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Birmingham 35233
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): UAB Hospital
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: female
11. AGE: 63 YRS. — 12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.
12. DATE OF BIRTH (Month, Day, Year): August 12, 1940
13. SOCIAL SECURITY NUMBER: [redacted]
14. EDUCATION (Specify ONLY highest grade completed): Elementary or High School (0-12): — College (1-4 or 5+): 3
15. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): married
16. SURVIVING SPOUSE (If wife, give maiden name): Colin A. Pearson
17. Was Deceased ever in Armed Forces (Specify Yes or No): no
18. STATE OF BIRTH (If not in USA, name country): Australia
19. RESIDENCE—STATE: Alabama
20. COUNTY: Shelby
21. CITY, TOWN, OR LOCATION AND ZIP CODE: Chelsea 35043
22. INSIDE CITY LIMITS (Specify Yes or No): no
23. STREET AND NUMBER: 9917 Chelsea Road
24. INFORMANT—Name and Address: Colin A..Pearson — 9977 Chelsea Road Chelsea, AL 35043
25. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker
26. KIND OF BUSINESS OR INDUSTRY: Real Estate
27. FATHER—NAME: First: Samuel; Middle: Hyman; Last: Simblist
28. MAIDEN NAME OF MOTHER: First: Hannah; Middle: Sarah; Last: Eizenberg
29. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): cremation
30. DATE OF DISPOSITION (Month, Day, Year): Feb.26, 2004
31. CEMETERY OR CREMATORY—Name: Johns-Ridout's
32. LOCATION—(City or Town—State): B'ham, AL
33. FUNERAL HOME—Name and Address: Johns-Ridout's — 2116 Univ. Blvd B'ham, AL 35233
34. FUNERAL DIRECTOR—Signature: Thomas Stejskal
35. DATE SIGNED BY FUNERAL DIRECTOR: Feb. 27, 2004
36. ☒ 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: Reza Eshadi, MD
37. DATE SIGNED (Month, Day, Year): February 24, 2004
38. TIME AND DATE OF DEATH: 2055 February 24, 2004
39. DATE AND TIME PRONOUNCED DEAD (For Coroner/ME use only):
40. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40): Reza Eshadi, MD; Resident Physician
41. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40): 1619 19TH St. South University of Alabama at Birmingham, Birmingham, Alabama 35233
42. CERTIFIER LICENSE NUMBER: Resident Physician
43. REGISTRAR—Signature: Sherry L Myers — For State or County use only
44. DATE FILED (Month, Day, Year): February 27, 2004

MEDICAL CERTIFICATION

45. 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. SEPSIS
DUE TO (OR AS A CONSEQUENCE OF):
b. Neutropenia
DUE TO (OR AS A CONSEQUENCE OF):
c. Metastatic breast cancer
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
DUE TO (OR AS A CONSEQUENCE OF):
d.

46. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Thrombocytopenia Respiratory Failure
47. WAS THERE A PREGNANCY IN LAST 12 DAYS? (Specify Yes, No, or Unk.)
48. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined, Could not ascertain, Pending Investigation, Natural Cause): Natural Cause
49. AUTOPSY (Specify Yes or No): No
50. If yes, were findings considered in determining cause of death? (Specify Yes or No)
51. HOW INJURY OCCURRED (Enter nature of injury in Item 45, Part I or Item 47, Part II):
52. DATE OF INJURY (Month, Day, Year):
53. HOUR OF INJURY:
54. INJURY AT WORK (Specify Yes or No):
55. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.):
56. 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.

MAR 02 2004

ADPH-HS 2/Rev. 11-03

Diane Pearson

NAME OF DECEASED

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. 2004-217-574-6

April 20, 2004

Dorothy S. Harshbarger, State Registrar