ALABAMA
Center for Health Statistics

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

ALABAMA
CERTIFICATE OF DEATH

County File Number — 101 State File Number 07-27477

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34. 35409

1. DECEASED—NAME First: Samuel Middle: Webster Last (Type last name all capitals): REYNOLDS			2. DATE OF DEATH (Month, Day, Year): July 22, 2007	3. COUNTY OF DEATH: Walker
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Jasper 35502		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): Walker Baptist Medical Center	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): ER	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.): Black	10. SEX: Male	
11. AGE: 60 YRS.	12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): June 9, 1947	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+): 5+	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married	17. SURVIVING SPOUSE (If wife, give maiden name): Claudie Miree	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: Winston	22. CITY, TOWN, OR LOCATION AND ZIP CODE: Double Springs 35553	
23. INSIDE CITY LIMITS (Specify Yes or No): Yes	24. STREET AND NUMBER: 409 Stoney Point Road	25. INFORMANT—Name and Address: Claudia Reynolds, 409 Stoney Point Road, Double Springs, AL 35553		
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Instructor		27. KIND OF BUSINESS OR INDUSTRY: High School		
28. FATHER—NAME First: Robert Middle: J. Last: Reynolds		29. MAIDEN NAME OF MOTHER— First: Atlene Middle: Last: Kelly		
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial	31. DATE OF DISPOSITION (Month, Day, Year): July 28, 2007	32. CEMETERY OR CREMATORY—Name: Gates of Heaven	33. LOCATION—(City or Town—State): Dothan, Alabama	
34. FUNERAL HOME—Name and Address: Varner Memorial, 210 Montana Street, Dothan, AL 36303		35. FUNERAL DIRECTOR—Signature: Brenda J Varner-Walker	36. DATE SIGNED BY FUNERAL DIRECTOR: August 17, 2007	
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:			38. DATE SIGNED (Month, Day, Year): 7/22/07	
39. TIME AND DATE OF DEATH: 0116 7/22/07	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): Dean R. Nuden D.O.		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 3400 Hwy. 78 E Jasper, Al 35501			43. CERTIFIER LICENSE NUMBER: DO-690	
44. REGISTRAR— Signature: Sharon Hunt — For State or County use only			45. DATE FILED (Month, Day, Year): Aug. 22, 2007	

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. Chronic Obstructive Lung Disease	Two
DUE TO (OR AS A CONSEQUENCE OF): b. Respiratory Failure	10 min
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): 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. Coronary Artery Disease	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 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 or R.F.D. No., City or Town, State)	

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

AUG 23 2007

ADPH-HS 2/Rev. 11-83

NAME OF DECEASED Reynolds, Samuel J

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49. BR
55.

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. 2008-123-634-2

January 22, 2008

Dorothy S. Harshbarger
Dorothy S. Harshbarger, State Registrar