

# ALABAMA

## Center for Health Statistics

20080804000312040 1/2 \$14.00  
Shelby Cnty Judge of Probate, AL  
08/04/2008 12:29:12PM FILED/CERT

### ALABAMA

#### CERTIFICATE OF DEATH

97-006888

101

County  
File  
Number

State File Number

1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>Ima Jean Culbertson FLEMING</b>		2. DATE OF DEATH (Month, Day, Year) <b>February 27, 1997</b>		3. COUNTY OF DEATH <b>Shelby</b>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Alabaster, 35007</b>		5. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>Shelby Baptist Medical Center</b>	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DCA) <b>ER</b>		8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. <b>No</b>		9. RACE—(Specify American Indian, Black, White, etc.) <b>White</b>	
10. SEX <b>Female</b>		11. AGE YRS <b>66</b>		12. UNDER 1 YEAR MOS. DAYS HOURS MINS <b>October 30, 1930</b>	
13. EDUCATION (Specify ONLY highest grade completed below) <b>Elementary or High School (9-12)</b>		14. DECEASED'S SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		15. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>	
16. SURVIVING SPOUSE (If wife, give maiden name) <b>MacDonald B. Fleming</b>		17. Was Decedent ever in Armed Forces (Specify Yes or No) <b>No</b>		18. STATE OF BIRTH (If not in USA, name country) <b>Tennessee</b>	
19. RESIDENCE—STATE <b>Alabama</b>		20. COUNTY <b>Shelby</b>		21. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Pelham, 35214</b>	
22. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		23. STREET AND NUMBER <b>122 Stratshire Lane</b>		24. INFORMANT—Name and Address <b>Mr. MacDonald Fleming</b>	
25. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Teacher</b>		26. KIND OF BUSINESS OR INDUSTRY <b>Southminster Day School</b>		27. FATHER—NAME First Middle Last <b>Rhea B. Culbertson</b>	
28. MOTHER—NAME First Middle Last <b>Bobbie Jaynes</b>		29. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>		30. DATE OF DISPOSITION (Month, Day, Year) <b>March 1, 1997</b>	
31. CEMETERY OR CREMATORY—Name <b>Jefferson Memorial Gardens South</b>		32. LOCATION—(City or Town—State) <b>Hoover, Alabama</b>		33. FUNERAL HOME—Name and Address <b>Jefferson Memorial F. H.</b>	
34. FUNERAL DIRECTOR—Signature <b>[Signature]</b>		35. DATE SIGNED BY FUNERAL DIRECTOR <b>Feb. 27, 1997</b>		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. <b>Medical Examiner — Coroner</b>	
37. Signature: <b>[Signature]</b>		38. DATE SIGNED (Month, Day, Year) <b>2/27/97</b>		39. TIME AND DATE OF DEATH <b>2/27/97 0146</b>	
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) <b>2/27/97 0146</b>		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>Anden M. [Signature]</b>		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>Shelby Med Center</b>	
43. REGISTRAR—Signature <b>[Signature]</b>		44. For State or County use only		45. DATE FILED (Month, Day, Year) <b>March 3, 1997</b>	

#### MEDICAL CERTIFICATION

46. PART I. Enter the disease, 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) → <b>Cardiovascular arrest</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
47. SEQUENTIALLY list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST <b>prob MI</b>			
48. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		49. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)	
50. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>Natural</b>		51. AUTOPSY (Specify Yes or No) <b>No</b>	
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. 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)		57. HOUR OF INJURY	

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

ADPH-HS 2/Rev 11-93

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. 2008-293-794-8

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

June 12, 2008

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## **Exhibit "A"**

### **Legal Description**

All that certain parcel of land situate in the County of Shelby and State of Alabama, being known and designated as follows:

Lot 52, according to the Amended Map of the Resurvey of the Final Plat, Phase III, Stratford Place, as recorded in Map Book 14, Page 38, in the Probate Office of Shelby County, Alabama. Mineral and mining rights excepted.

Being the same property as conveyed from Kim L. Graham to MacDonald B. Fleming and Ima Jean Fleming, Husband and Wife, with Rights of Survivorship, as described in Deed Book 1994, Page 11449, Dated 04/04/1994, Recorded 04/07/1994 in SHELBY County Records.

Tax ID: 11-7-36-3-000-028.084