20090731000295050 1/2 $14.00
Shelby Cnty Judge of Probate, AL
07/31/2009 03:57:19 PM FILED/CERT

ABOVE SPACE FOR RECORDING

When record mail to:
Equity Loan Services
1100 Superior Ave Suite#200
Cleveland OH 44114
Attn: NSS Team
1-800-221-8683

Document Title: DEATH CERTIFICATE

Date of Document: 06-29-2009

Grantor(s): JOHN EDWARD DOUGLAS

Grantee(s) PUBLIC AT LARGE

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.

ALABAMA
CERTIFICATE OF DEATH

04-32575

County File Number — 101

State File Number

3. 037020
6. 105
19. 01
20. 059888
26.
27.
34. 59401

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
John	Edward	DOUGLAS	September13,2004	Jefferson

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
Birmingham 35233	Yes	University of Alabama Hospital

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.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
Inpatient	No	White	Male

11. AGE	12. UNDER 1 YEAR MOS.	DAYS	UNDER 1 DAY HOURS	MINS.	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
47 YRS.					November07,1956	[redacted]

15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)	College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
12		Married	Shelia Diane Smith	No

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Alabama	Alabama	Shelby	Columbiana 35051

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
No	112 Stillwood Drive	Shelia S.Douglas 35051 112 Stillwood Dr.Columbiana,Al.

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Truck Driver	Trucking

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
George	Edward	Douglas	Mary	Frances	Ruddy

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
Burial	09-18-2004	Shelby Memory Gdn.	Calera,Al.

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Rockco Funeral Home P.O.Box 647 Montevallo,Al.35115	William E. Burkett	10-05-2004

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."
X 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: J. R. Glenn, M.D.

38. DATE SIGNED (Month, Day, Year): SEPTEMBER 24, 2004

39. TIME AND DATE OF DEATH	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)
	September 13, 2004 @ 2042 hrs	J. R. Glenn, M.D., SME

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
P. O. Box 2411, Tuscaloosa, AL 35403	9496

44 REGISTRAR— Signature	For State or County use only	45. DATE FILED (Month, Day, Year)
Sherry L Myers		October 6, 2004

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. Exsanguination	
	DUE TO (OR AS A CONSEQUENCE OF): Multiple incised and stab wounds to the body	
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 THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
	Not Applicable

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Homicide	Yes	Yes

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
Repeatedly stabbed in chest, abdomen and back by another	September 13, 2004	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)
No	Pharmacy customer area	Coward Drug Co. 8320 Hwy 31, Calera,36040.

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

ADPH-HS 2/Rev. 11-93

OCT 06 2004

This is an official certified copy of the original record filed in the Center for Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2009-298-243-9

June 29, 2009

Catherine Molchan Donald
State Registrar of Vital Statistics

ANY ALTERATIONS VOID THIS DOCUMENT

SSN: [redacted]

NAME OF DECEASED John Edward Douglas

GT