ALABAMA
Center for Health Statistics

MB

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

ALABAMA
CERTIFICATE OF DEATH

County File Number — 059035

State File Number 101

04-21894

3. 059035
6. 000
19. 39
20. 059035
26. ____
27. ____
34. 64402

1. DECEASED—NAME (First, Middle, Last (Type last name all capital's))	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Robert William DARRENKAMP	June 18, 2004	Shelby

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)
Helena 35080	Yes	816 Stoneridge Drive

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
	No	White	Male

11. AGE	12. UNDER 1 YEAR		UNDER 1 DAY		13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
62 YRS.	MOS.	DAYS	HOURS	MINS.	March 3, 1942	[redacted]

15. EDUCATION (Specify ONLY the last grade completed below)		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)
Elementary or High School (0-12)	College (1-4 or 5+)			
	4	Married	Dorothy Sykes	Yes

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Pennsylvania	Alabama	Shelby	Helena, AL. 35080

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
Yes	816 Stoneridge Drive	Dorothy Darrenkamp 816 Stoneridge Dr. Helena, AL. 35080

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

28. FATHER—NAME (First, Middle, Last)	29. MAIDEN NAME OF MOTHER— (First, Middle, Last)
John Elwood Darrenkamp	Pearl Mae Huss

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	June 22,2004	Ivanhoe Baptist Ch.	Ivanhoe, NC

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Southern Heritage 35124 475 Cahaba Valley Rd. Pelham, AL.	Kay Rhee	July 2, 2004

37. ✓ **Certifying Physician** (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date stated 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: Elizabeth A Lowenthal

38. DATE SIGNED (Month, Day, Year): 6/29/04

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)
1625, June 18, 2004		Elizabeth A. Lowenthal, DO

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
1024 1st. St. N. Alabaster, AL 35007	DO318

44. REGISTRAR— Signature	For State or County Use only	45. DATE FILED (Month, Day, Year)
Sheila Keller		July 8, 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 METASTATIC HORMONE REFRACTORY PROSTATE CANCER	2 years
	DUE TO (OR AS A CONSEQUENCE OF): b GLEASONS 8, NODE POSITIVE PROSTATE CANCER	6 years
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.
Type II Diabetes, Hyperlipidemia, History of Myocardial Infarction

48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.): NO

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)
NATURAL CAUSE		

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.

JUL 09 2004

ADPH-HS 2/Rev. 11-93

46. ____
49. ____
55. ____

NAME OF DECEASED ____ SSN: ____

88

SK 7/8/04

#42 added per Andi at MD

ANY ALTERATIONS VOID THIS DOCUMENT

DECEASED

BURIAL CERTIFIES

CAUSE

THIS DOCUMENT

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2010-195-081-9

March 26, 2010

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics

20100503000134450 2/2 $14.00
Shelby Cnty Judge of Probate, AL
05/03/2010 12:03:43 PM FILED/CERT

Exhibit "A"
Legal Description

ALL THAT PARCEL OF LAND IN CITY OF HELENA, SHELBY COUNTY, STATE OF ALABAMA, BEING KNOWN AND DESIGNATED AS FOLLOWS:

LOT 324, ACCORDING TO THE SURVEY OF PHASE I, FIELDSTONE PARK, THIRD SECTOR, AS RECORDED IN MAP BOOK 18, PAGE 113, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

BY FEE SIMPLE DEED FROM FIELDSTONE CONSTRUCTION AND MORTGAGE, INC. AS SET FORTH IN INST # 1994-36958 DATED 12/16/1994 AND RECORDED 12/20/1994, SHELBY COUNTY RECORDS, STATE OF ALABAMA.

Tax ID: 13-5-21-3-002-003.024