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TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.County
File
NumberALABAMA
Center for Health StatisticsALABAMA
CERTIFICATE OF DEATH

09-33241

State File Number 101

3. DECEASED—NAME	First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH				
3. 059133	Thomas	W.	SHEEHY, Jr.	September 1, 2009	Shelby				
6. 000									
19. 39									
20. 059133									
26.	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)				
27. 37424	Hoover 35242			Yes	5005 English Turn				
34.	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.)				
34.				No	White				
34.				10. SEX	Male				
34.	11. AGE	12. UNDER 1 YEAR	UNDER 1 DAY	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER				
34.	62 YRS.	MOS.	DAYS	Hours	Mins.	November 29, 1946	DECEASED		
34.	15. EDUCATION (Specify ONLY highest 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)			
34.	Elementary or High School (0-12)			College (1-4 or 5+)	Married	Nancy Miller	Yes		
34.	19. STATE OF BIRTH (If not in USA, name country)			20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE			
34.	Pennsylvania			Alabama	Shelby	Hoover 35242			
34.	23. INSIDE CITY LIMITS (Specify Yes or No)			24. STREET AND NUMBER	25. INFORMANT—Name and Address	26. Was Decedent ever in Armed Forces (Specify Yes or No)			
34.	Yes			5005 English Turn	Nancy M. Sheehy	Yes			
34.	27. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)			28. FATHER—NAME	29. MAIDEN NAME OF MOTHER—	30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORIAL—Name	33. LOCATION—(City or Town—State)
34.	Retired Officer			Thomas W. Sheehy, Sr.	Carolyn	Burial	Sept. 5, 2009	Ridout's Southern Heritage	Pelham, AL
34.	34. FUNERAL HOME—Name and Address			35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR (Month, Day, Year)				
34.	Ridout's Valley Chapel 1800 Oxmoor Road Homewood, AL 35209			Diana S. Hawkins	Sept. 5, 2009				
34.	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: Diana S. Hawkins			38. DATE SIGNED (Month, Day, Year)					
34.	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)				
34.	18:30 09-01-09			09-01-09 18:30	Diana S. Hawkins—Coroner				
34.	42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)			43. CERTIFIER LICENSE NUMBER					
34.	P.O. Box 1321 Columbiana, Ala. 35051								
34.	44. REGISTRAR—Signature			45. DATE FILED (Month, Day, Year)					
34.	Shula Miller			Oct 5, 2009					

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. Pending Toxicology DUE TO (OR AS A CONSEQUENCE OF):			
b. DUE TO (OR AS A CONSEQUENCE OF):		Revised Medical Certification Attached	
c. DUE TO (OR AS A CONSEQUENCE OF):			
d. DUE TO (OR AS A CONSEQUENCE OF):			
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 Unknown)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Pending Investigation		50. AUTOPSY (Specify Yes or 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	
49. 65	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.

OCT 07 2009

ADPH-HS 2/Rev. 11-93



20100505000139730 1/2 \$14.00

Shelby Cnty Judge of Probate, AL

05/05/2010 01:00:59 PM FILED/CERT

Attachment
Page**ALABAMA**
Center for Health Statistics

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Amendment No. **032391****ALABAMA**
Supplemental Medical Certification

This Supplemental Medical Certification replaces any Medical Certification shown on previous pages for the record identified below.

INFORMATION FROM ORIGINAL RECORD:Certificate No. **2009-33241**Name Thomas W. SHEEHY JrDate of Death September 1, 2009County of Death ShelbyFile Date October 5, 2009**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. <small>LIST ONLY ONE CAUSE ON EACH LINE</small>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <small>Unknown</small>
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Multiple drug toxicity</u>		
a. DUE TO (OR AS A CONSEQUENCE OF):		
b. DUE TO (OR AS A CONSEQUENCE OF):		
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. DUE TO (OR AS A CONSEQUENCE OF):		
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 Unknown)
49. MANNER OF DEATH (Specify - Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <u>Accident</u>		50. AUTOPSY (Specify Yes or No) <u>Tox</u>
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II) <u>Deceased took too much medication.</u>		51. If yes, were findings considered in determining cause of death? (Specify Yes or No) <u>yes</u>
55. INJURY AT WORK (Specify Yes or No) <u>no</u>	56. PLACE OF INJURY - (Specify at home, farm, street, factory, office building, etc.) <u>residence</u>	57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) <u>5005 English Turn Hoover, AL.</u>

Diana S. Hawkins
Signature of Certifier

November 23, 2009
Date Signed

The above Medical Certification as provided by the certifier is hereby made a part of the record concerned.
Done this 4th day of December, 2009.

By Kimberly Smith
Recording Clerk

ADPH-HS-91/Rev. 3-03



20100505000139730 2/2 \$14.00
Shelby Cnty Judge of Probate, AL
05/05/2010 01:00:59 PM FILED/CERT

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2009-459-859-8

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics