

Not Valid Without
Attached Page**ALABAMA**
Center for Health Statistics

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BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.County
File
Number**ALABAMA**
CERTIFICATE OF DEATH

09-33241

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) Thomas W. SHEEHY, Jr.			2. DATE OF DEATH (Month, Day, Year) September 1, 2009		3. COUNTY OF DEATH Shelby		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Hoover 35242			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) 5005 English Turn		
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. No		9. RACE—(Specify American Indian, Black, White, etc.) White		
10. SEX Male							
11. AGE 62 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) November 29, 1946		14. DECEASED'S SOCIAL SECURITY NUMBER	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) 4		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Nancy Miller		18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes	
19. STATE OF BIRTH (If not in USA, name country) Pennsylvania		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Hoover 35242	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 5005 English Turn		25. INFORMANT—Name and Address Nancy M. Sheehy 5005 English Turn Hoover, AL 35242			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Officer				27. KIND OF BUSINESS OR INDUSTRY Homewood Police Department			
28. FATHER—NAME First Middle Last Thomas W. Sheehy, Sr.			29. MAIDEN NAME OF MOTHER— First Middle Last Carolyn Moyer				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) Sept. 5, 2009		32. CEMETERY OR CREMATORY—Name Ridout's Southern Heritage		33. LOCATION—(City or Town—State) Pelham, AL	
34. FUNERAL HOME—Name and Address Ridout's Valley Chapel 1800 Oxmoor Road Homewood, AL 35209				35. FUNERAL DIRECTOR—Signature <i>Samela Spradlin</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Sept. 5, 2009	
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 or 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: <i>Diana S. Hawkins</i>						38. DATE SIGNED (Month, Day, Year) 09-22-2009	
39. TIME AND DATE OF DEATH 18:30 09-01-09		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) 09-01-09 18:30		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Diana S. Hawkins-Coroner			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) P.O. Box 1321 Columbiana, Ala. 35051						43. CERTIFIER LICENSE NUMBER	
44. REGISTRAR—Signature <i>Shula Miller</i> For State or County use only						45. DATE FILED (Month, Day, Year) 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Pending Toxicology</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					
a. 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):					
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.)		
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <u>Pending Investigation</u>			50. AUTOPSY (Specify Yes or No) <u>No</u>		
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					
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

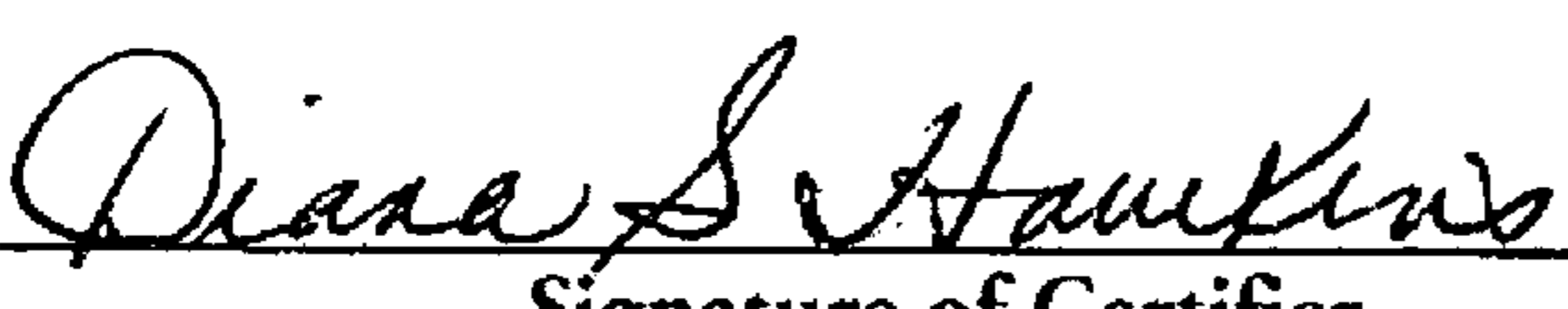
Attachment
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ALABAMA
Center for Health StatisticsAmendment No. **032391****ALABAMA**
Supplemental Medical Certification

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 Jr**Date of Death **September 1, 2009**County of Death **Shelby**File 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. <u>LIST ONLY ONE CAUSE ON EACH LINE.</u> IMMEDIATE CAUSE (Final disease or condition resulting in death) → Multiple drug toxicity DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH unknown
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.)
49. MANNER OF DEATH (Specify - Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Accident		50. AUTOPSY (Specify Yes or No) No	51. If yes, were findings considered in determining cause of death? (Specify Yes or No) yes
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II) Deceased took too much medication.		53. DATE OF INJURY (Month, Day, Year) unknown	54. HOUR OF INJURY unknown
55. INJURY AT WORK (Specify Yes or No) no	56. PLACE OF INJURY - (Specify at home, farm, street, factory, office building, etc.) residence	57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) 5005 English Turn Hoover, AL.	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>  Signature of Certifier </div> <div> November 23, 2009 Date Signed </div> </div>			

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 Molchan Donald
State Registrar of Vital Statistics

December 10, 2009