

ALABAMA

CERTIFICATE OF DEATH

State File Number **101**TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.County
File
Number —

1. DECEASED—NAME First Middle Last (Type last name all capitals) Jackie Earl PATE				2. DATE OF DEATH (Month, Day, Year) November 9, 2008		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35242				5. INSIDE CITY LIMITS (Specify Yes or No) No		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) Hwy 41 @ Hugh Daniels Drive	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) No				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 51 YRS.		12. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____ MINS. _____		13. DATE OF BIRTH (Month, Day, Year) January 17, 1957	
14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 11 College (1-4 or 5+) _____		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Kathy Ayers	
18. Was Decedent ever in Armed Forces (Specify Yes or No) No		19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby	
22. CITY, TOWN, OR LOCATION AND ZIP CODE Birmingham, 35242		23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 1508 Hardwood Cove Circle		25. INFORMANT—Name and Address Kathy Pate 1508 Hardwood Cove Circle Birmingham, AL 35242	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Home Builder				27. KIND OF BUSINESS OR INDUSTRY Construction			
28. FATHER—NAME First Middle Last Alton Pate				29. MAIDEN NAME OF MOTHER— First Middle Last Ruth Lochamy			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) Nov 11, 2008		32. CEMETERY OR CREMATORY—Name Mt. Joy Cemetery		33. LOCATION—(City or Town—State) Cleveland, Alabama	
34. FUNERAL HOME—Name and Address Jefferson Memorial 1591 Gadsden H'way Birmingham, Al 35235				35. FUNERAL DIRECTOR—Signature <i>Ant May III</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Nov 14, 2008	
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: <i>Diana S. Hawkins</i>						38. DATE SIGNED (Month, Day, Year) 11-17-2008	
39. TIME AND DATE OF DEATH 02:11 11-09-08		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) 11-09-08 02:11		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 Keller</i> For State or County use only						45. DATE FILED (Month, Day, Year) Dec 8, 2008	

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) → a. Multiple Blunt Force Trauma Injuries DUE TO (OR AS A CONSEQUENCE OF):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH mins		
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. 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.		
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)			52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II) Driver of Motor Vehicle Accident		
53. DATE OF INJURY (Month, Day, Year) 11-09-08			54. HOUR OF INJURY 2am M.		
55. INJURY AT WORK (Specify Yes or No) No		56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) Highway		57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) Hwy 41 @ Hugh Daniel Dr. Birmingham AL.	

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

ADPH-HS 2/Rev. 11-9

This is a true and exact copy of the record on file with the Shelby County Health Department

Signature of Local Registrar

Date of Issue



20100709000218220 1/1 \$12.00
Shelby Cnty Judge of Probate, AL
07/09/2010 12:10:48 PM FILED/CERT

SSN: 403-88-9758

NAME OF DECEASED Jackie Earl Pate