

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

County  
File  
Number

# ALABAMA

## CERTIFICATE OF DEATH

State File Number 101

|     |  |  |   |  |  |   |
|-----|--|--|---|--|--|---|
| 3.  | 1. DECEASED—NAME First Jackie  | Middle Earl  | Last PATE   | 2. DATE OF DEATH (Month, Day, Year) November 9, 2008   | 3. COUNTY OF DEATH Shelby  |   |
| 6.  | 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 |  |   |
| 19. | 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   |   |
| 20. | 11. AGE 51   | 12. UNDER 1 YEAR YRS.  | 13. DATE OF BIRTH (Month, Day, Year) January 17, 1957   | 14. DECEASED'S SOCIAL SECURITY NUMBER  |  |   |
| 26. | 15. EDUCATION (Specify ONLY highest grade completed below)<br>Elementary or High School (0-12) 11      | 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   |  |   |
| 27. | 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   |  |   |
| 34. | 23. INSIDE CITY LIMITS (Specify Yes or No) Yes   | 24. STREET AND NUMBER 1508 Hardwood Cove Circle                                | 25. INFORMANT—Name and Address Kathy Pate   | 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 Alton   | Middle Pate  | Last Lochamay  |   |
|     | 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 CREMATORIAL—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 Aut May 11                                      | 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."<br>— 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."<br>Signature: Diana S. Hawkins | 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 Shula Keller   | 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. | 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.)                                      |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Multiple Blunt Force Trauma Injuries<br>DUE TO (OR AS A CONSEQUENCE OF):   |  | 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):  |  |
| 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. AL. Birmingham |

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

Shula Keller

Signature of Local Registrar

Dec 8, 2008

Date of Issue



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