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 Shelby Cnty Judge of Probate, AL
 03/10/2011 12:08:19 PM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

County File Number

State File Number **101**

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

1. DECEASED—NAME First: Linda, Middle: G., Last: ADDINGTON			2. DATE OF DEATH (Month, Day, Year) June 10, 2009		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham, 35211			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) Baptist Medical Center Princeton		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) Inpatient		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 Female	
11. AGE 61 YRS.	12. UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS.	13. DATE OF BIRTH (Month, Day, Year) April 6, 1948		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	
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) Walter A. Addington	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 Alabaster, 35007	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes	24. STREET AND NUMBER 121 Palm Drive		25. INFORMANT—Name and Address Walter A. Addington 121 Palm Dr. Alabaster, AL 35007			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Management Analyst			27. KIND OF BUSINESS OR INDUSTRY Department Of Defense			
28. FATHER—NAME First: Claude, Middle: Summerlin, Last: Summerlin			29. MAIDEN NAME OF MOTHER— First: Willie, Middle: Mae, Last: Partridge			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) June 16, 2009	32. CEMETERY OR CREMATORY—Name Valhalla Cemetery		33. LOCATION—(City or Town—State) Midfield, AL	
34. FUNERAL HOME—Name and Address Brown Service West Chapel 2885 Allison-Bonnett Mem. Dr. Hueytown, AL 35023			35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 6/18/2009	
37. <input checked="" type="checkbox"/> 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." <input type="checkbox"/> Medical Examiner <input type="checkbox"/> 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>[Signature]</i>					38. DATE SIGNED (Month, Day, Year) 6-11-2009	
39. TIME AND DATE OF DEATH 1955 6/10/09		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) Charles Solomon, MD		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1010 Tuscaloosa Avenue SW Birmingham, Alabama 35211					43. CERTIFIER LICENSE NUMBER 10419	
44. REGISTRAR—Signature <i>Rosalind Jacks</i> For State or County use only					45. DATE FILED (Month, Day, Year) June 26, 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) → a. CARDIAC ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Due to (OR AS A CONSEQUENCE OF): b. METASTATIC BREAST CANCER		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST c. HYPERTENSION		
Due to (OR AS A CONSEQUENCE OF): d. BIRON CHTOSPARM		
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)		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 1 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.

ADPH-HS 2/Rev. 11-93

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

Rosalind Jacks
 Signature of Local or Deputy Registrar

June 26, 2009

Date of Issue

DECEASED
BUREAU OF VITAL RECORDS

NAME OF DECEASED