

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

Signature of Local or Deputy Registrar

March 4, 2002

Date of Issue



20110419000119360 1/2 \$15.00  
Shelby Cnty Judge of Probate, AL  
04/19/2011 10:30:58 AM FILED/CERT

# ALABAMA

## CERTIFICATE OF DEATH

County  
File  
Number

State File Number 101

1 DECEASED NAME First Middle Last (Type last name all capitals) <b>Alvin L. BILLINGSLEY, SR.</b>			2 DATE OF DEATH (Month, Day, Year) <b>Feb. 17, 2002</b>		3 COUNTY OF DEATH <b>Jefferson</b>				
4 CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Birmingham, 35242</b>			5 INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		6 PLACE OF DEATH HOSPITAL OR OTHER INSTITUTION (If not in either, give street and number) <b>2000 Hampton Place</b>				
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. <b>No</b>		9 RACE (Specify American Indian, Black, White, etc.) <b>Black</b>				
11 AGE <b>49</b> YRS		12 UNDER 1 YEAR <b>MOS</b> DAYS		13 DATE OF BIRTH (Month, Day, Year) <b>Sept. 12, 1952</b>		10 SEX <b>Male</b>			
15 EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) <b>2</b>			16 MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>		17 SURVIVING SPOUSE (If wife, give maiden name) <b>Eva Darrington</b>		14 DECEASED'S SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		
19 STATE OF BIRTH (If not in USA, name country) <b>Alabama</b>			20 RESIDENCE STATE <b>Alabama</b>		21 COUNTY <b>Jefferson</b>		22 CITY, TOWN, OR LOCATION AND ZIP CODE <b>Birmingham, 35242</b>		
23 INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			24 STREET AND NUMBER <b>2000 Hampton Place</b>		25 INFORMANT Name and Address <b>Eva Billingsley</b> <b>200 Hampton Pl.-B'ham, Ala 35242</b>			26 USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Cast Floor Operator</b>	
28 FATHER NAME First Middle Last <b>Eddie Billingsley</b>			27 KIND OF BUSINESS OR INDUSTRY <b>Steel</b>			29 MAIDEN NAME OF MOTHER First Middle Last <b>Arlean Richardson</b>			
30 DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>			31 DATE OF DISPOSITION (Month, Day, Year) <b>2/20/02</b>		32 CEMETERY OR CREMATORY Name <b>Elmwood</b>		33 LOCATION (City or Town - State) <b>Birmingham, Ala.</b>		
34 FUNERAL HOME Name and Address <b>Arrington Fun Home</b> <b>520 Cotton Ave, SW-B'ham, AL 35211</b>			35 FUNERAL DIRECTOR Signature <b>Rachel R. Arrington</b>			36 DATE SIGNED BY FUNERAL DIRECTOR <b>2/18/02</b>			
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: <b>Medical Examiner Coroner</b> Signature: <b>[Signature]</b> 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.						38 DATE SIGNED (Month, Day, Year) <b>2/26/02</b>			
39 TIME AND DATE OF DEATH <b>5:45 AM 2/17/02</b>			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) <b>James A. Posey, M.D.</b>			
42 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>UAB- 1530 3rd Ave S; WPI 263B; Birmingham, AL 35294-3300</b>						43 CERTIFIER LICENSE NUMBER <b>21191</b>			
44 REGISTRAR Signature <b>[Signature]</b> For State or County use only						45 DATE FILED (Month, Day, Year) <b>March 1, 2002</b>			

### 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) → <b>a Small Bowel Adenocarcinoma with Massive Ascites</b> DUE TO (OR AS A CONSEQUENCE OF): b DUE TO (OR AS A CONSEQUENCE OF): c DUE TO (OR AS A CONSEQUENCE OF): d		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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) <b>Natural Cause</b>		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 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.

E IN PERMANENT  
K INK. DO NOT  
GREEN, RED, OR  
INK

2002 06010

3021-02 - verified # 24 as correct per Rachel at funeral home - dg

DECEASED

BURIAL

CERTIFICATE

CAUSE

**Exhibit "A"**  
**Legal Description**



20110419000119360 2/2 \$15.00  
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Lot 1017, according to the Map of Brook Highland, an Eddleman Community, 10th  
Sector, 2nd Phase, as recorded in Map Book 18, Pages 36 A & B, in the Probate Office  
of Shelby County, Alabama.

Tax/Parcel ID: 039300002001055