20120807000289630 1/2 $15.00
Shelby Cnty Judge of Probate, AL
08/07/2012 12:16:42 PM FILED/CERT

DEATH CERTIFICATE

Please Return Document To:

First American Mortgage Services
1100 Superior Avenue, Suite 200
Cleveland, Ohio 44114

National Recording

Prepared By: S. Raleigh
1100 Superior STE 200
Cleveland OH 44114

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ALABAMA
Center for Health Statistics

20120807000289630 2/2 $15.00
Shelby Cnty Judge of Probate, AL
08/07/2012 12:16:42 PM FILED/CERT

JB

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ALABAMA
CERTIFICATE OF DEATH

09-19339

County File Number —

State File Number 101

1. DECEASED—NAME First: Toni	Middle: Minor	Last (Type last name all capitals): PAULK	2. DATE OF DEATH (Month, Day, Year): May 31 2009	3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Alabaster 35007		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): Shelby Bapt Medical Center	
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 YRS.: 60	12. UNDER 1 YEAR MOS.: DAYS:	UNDER 1 DAY HOURS: MINS.:	13. DATE OF BIRTH (Month, Day, Year): August 15 1948	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): Jerry Paulk	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: AL	21. COUNTY: Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE: Chelsea 35043	
23. INSIDE CITY LIMITS (Specify Yes or No): Yes	24. STREET AND NUMBER: 184 Scarlet Lane		25. INFORMANT—Name and Address: Jerry Paulk 184 Scarlet Lane Chelsea, Alabama 35043	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Homemaker			27. KIND OF BUSINESS OR INDUSTRY: Own Home	
28. FATHER—NAME First: Thomas W. Minor Sr.	Middle:	Last:	29. MAIDEN NAME OF MOTHER— First: Catherine Drucilla Brasher	Middle: Last:
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial	31. DATE OF DISPOSITION (Month, Day, Year): June 3, 2009	32. CEMETERY OR CREMATORY—Name: Columbiana City Cemetery	33. LOCATION—(City or Town—State): Columbiana, AL	
34. FUNERAL HOME—Name and Address: Bolton Funeral Home 207 Highway 47 South Columbiana AL 35051		35. FUNERAL DIRECTOR—Signature: Connie S. Beaty	36. DATE SIGNED BY FUNERAL DIRECTOR: June 8, 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/ ___ 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: Lynn Crawford MD			38. DATE SIGNED (Month, Day, Year): 6-5-09	
39. TIME AND DATE OF DEATH: 5-31-09 2206	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): Lynn Crawford MD		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 1000 1st St, Alabaster AL 35007			43. CERTIFIER LICENSE NUMBER: AL24488	
44. REGISTRAR— Signature: Sheila Miller	For State or County use only		45. DATE FILED (Month, Day, Year): June 12, 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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Cirrhosis	6wks
	DUE TO (OR AS A CONSEQUENCE OF): b. non alcoholic steatohepatitis	6wks
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Renal insufficiency, diabetes — 48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.): No

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
natural causes	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)

48. MO
49.
55.

NAME OF DECEASED Toni Paulk

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

JUN 15 2009

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2012-317-374-7

July 26, 2012

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics