

ALABAMA

Center for Health Statistics

20130508000190770 1/2 \$15.00
Shelby Cnty Judge of Probate, AL
05/08/2013 12:41:21 PM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

09-34620

State File Number 101

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

County
File
Number

3. 061084
6. 101
19. 01
20. 059888
26.
27.
28. 61403

1. DECEASED—NAME First Middle Last (Type last name all capitals) Charles L. OAKES			2. DATE OF DEATH (Month, Day, Year) October 13, 2009		3. COUNTY OF DEATH Talladega		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Sylacauga, 35150			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) Coosa Valley Medical Center		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) ER			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 56 YRS		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		
13. DATE OF BIRTH (Month, Day, Year) August 16, 1953			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (1-4 or 5+)		
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married			17. SURVIVING SPOUSE (If wife, give maiden name) Sharron Sherrill		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 Vincent 35178	
23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 4544 Hwy 62		25. INFORMANT—Name and Address Sharron Oakes 4544 Hwy 62, Vincent, AL 35178			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Teleservice Representative				27. KIND OF BUSINESS OR INDUSTRY Social Security			
28. FATHER—NAME First Middle Last Ruben Oakes			29. MAIDEN NAME OF MOTHER—First Middle Last Edna Jemison				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) October 17, 2009		32. CEMETERY OR CREMATORY—Name Arkwright Cemetery		33. LOCATION—(City or Town—State) Vincent, Alabama	
34. FUNERAL HOME—Name and Address Curtis and Son Funeral Home, Inc. 1099 1st Ave., NW, Childersburg, AL 35044				35. FUNERAL DIRECTOR—Signature [Signature]		36. DATE SIGNED BY FUNERAL DIRECTOR October 14, 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: William B. Pittman MD					38. DATE SIGNED (Month, Day, Year) 10/13/09		
39. TIME AND DATE OF DEATH 2140 10/13/09		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item #6) William B. Pittman MD			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item #6) Coosa Valley Medical Center 315 West Hickory Street, Sylacauga, AL						43. CERTIFIER LICENSE NUMBER 13667	
44. REGISTRAR—Signature Curtis Henderson						45. DATE FILED (Month, Day, Year) October 16, 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. Cardio pulmonary Arrest				
b. Ventricular fibrillation				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				
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.			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) 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. DATE OF INJURY (Month, Day, Year)	
53. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)			54. HOUR OF INJURY	
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)			58. COUNTY HEALTH OFFICIAL'S SIGNATURE [Signature]	

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

OCT 19 2009

ABPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center for Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2009-436-140-7

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics

November 10, 2009

THIS DOCUMENT IS VOID WITHOUT THIS DOCUMENT

Oakes, Charles

NAME OF DECEASED

46.

49.

55.

DECEASED

BURIAL

CERTIFIER

CAUSE

RECEIVED

APR 25 2011

USW BENEFIT FUNDS
MAILROOM



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