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

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

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

3. _____
6. _____
19. _____
20. _____
26. _____
27. _____
34. _____

[redacted]

Mary Ann Nugent SSN: [redacted]

NAME OF DECEASED

46. _____
49. _____
55. _____

DECEASED

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Mary	Ann	NUGENT	July 18, 2014	Shelby

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
Alabaster 35007	Yes	399 Knightsbridge

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.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
	No	White	Female

11. AGE	12. UNDER 1 YEAR MOS.	DAYS	UNDER 1 DAY HOURS	MINS.	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
77 YRS.					October 15, 1936	[redacted]

15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)	College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
12		Married	John Alex Nugent	No

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
West Virginia	Alabama	Shelby	Alabaster 35007

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
Yes	399 Knightsbride	John Alex Nugent 399 Knightsbridge Alabaster, AL 35007

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Homemaker	Own Home

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Nicholas		Moses	Thelma		Garrett

BURIAL

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
Burial	July 21, 2014	Southern Heritage	Pelham, AL

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Southern Heritage 475 Cahaba Valley Rd Pelham, AL 35124		July 28, 2014

CERTIFIER

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: B.A. McClelland MD

38. DATE SIGNED (Month, Day, Year): 7/23/14

39. TIME AND DATE OF DEATH	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)
0810 7/18/14	7/18/14 0810	B.A. McClelland MD

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
300-C First St North Alabaster AL 35007	8566

44. REGISTRAR— Signature (For State or County use only)	45. DATE FILED (Month, Day, Year)
Sheila Keller	July 31, 2014

MEDICAL CERTIFICATION

CAUSE

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. Acute Respiratory Failure	10 min.
	DUE TO (OR AS A CONSEQUENCE OF): b. Aspiration Pneumonia	1 mon
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. Amyotrophic Lateral Sclerosis	1½ yr.
	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. Diabetes Mellitus

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		

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.

ADPH-HS 2/Rev. 11-93

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

Paul S Moore
Signature of Local Registrar

Aug. 1, 2014
Date of Issue

20140910000282720 1/1 $14.00
Shelby Cnty Judge of Probate, AL
09/10/2014 09:36:30 AM FILED/CERT

ANY ALTERATIONS VOID THIS DOCUMENT