Not Valid Without Attached Page

ALABAMA
Center for Health Statistics
ALABAMA
CERTIFICATE OF DEATH

2014-028690

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

County File Number – 101

State File Number

3. 059094
6. 100
19. 01
20. 059094
26. ____
27. ____
34. 24405

1. DECEASED – NAME First: Donald Middle: Wilford Last (Type last name in all capitals): COFFEE, SR.
2. DATE OF DEATH (Month, Day, Year): August 6, 2014
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 either, give street and number): Shelby Baptist
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): DOA
8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.: No
9. RACE – (Specify American Indian, White, Black, etc.): White
10. SEX: Male
11. AGE: 81 YRS.
12. UNDER 1 YEAR: MOS. DAYS
UNDER 1 DAY: HOURS MINS.
13. DATE OF BIRTH (Month, Day, Year): June 20, 1933
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+): 2
16. MARITAL STATUS (Specify – Married, Never Married, Widowed, Divorced): Married
17. SURVIVING SPOUSE (If wife, give maiden name): Peggy Hull
18. Was Decedent ever in Armed Forces (Specify Yes or No): Yes
19. STATE OF BIRTH (If not 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: 126 Mission Circle South
25. INFORMANT – Name and Address: Peggy Coffee 126 Mission Circle South Alabaster, AL 35007
26. USUAL OCCUPATION – (Give kind of work done during most of working life even if retired): Printer
27. KIND OF BUSINESS OR INDUSTRY: Printing
28. FATHER – NAME First: Theodore Middle: Last: Coffee
29. MAIDEN NAME OF MOTHER – First: Imojean Middle: Last: Yeargan

DECEASED

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial
31. DATE OF DISPOSITION (Month, Day, Year): Aug. 8, 2014
32. CEMETERY OR CREMATORY – Name: New Live Oak
33. LOCATION – (City or Town–State): Selma, AL
34. FUNERAL HOME – Name and Address: Selma Funeral Home P. O. Box 70 Selma Al
35. FUNERAL DIRECTOR – Signature: Karl Jones
36. DATE SIGNED BY FUNERAL DIRECTOR: 8-14-14

BURIAL

37. ✓ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge, death occurred at the time and date 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: Jason Smith
38. DATE SIGNED (Month, Day, Year): 8-7-2014
39. TIME AND DATE OF DEATH: 8-6-2014 0814
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): Richard JASON Smith MD
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 1000 First Street North Alabaster, Al 35007
43. CERTIFIER LICENSE NUMBER: 31542
44. REGISTRAR – Signature: Addie Allen
For State or County use only
45. DATE FILED (Month, Day, Year): August 15, 2014

CERTIFIER

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 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. Cardiorespiratory failure
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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, Unk.)

CAUSE

46. ____
49. ____
55. ____

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)
52. HOW INJURY OCCURRED (Enter nature of injury 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)

NAME OF DECEASED Donald W Coffee SSN: [redacted]

ALTERATIONS VOID THIS DOCUMENT

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

RECEIVED AUG 18 2014

ADPH-HS-2/Rev.11-93

20150116000016560 1/2 $17.00
Shelby Cnty Judge of Probate, AL
01/16/2015 11:11:03 AM FILED/CERT

Attachment Page

ALABAMA
Center for Health Statistics

Amendment No. **042573**

ALABAMA
AMENDMENT TO RECORD OF DEATH
This amendment corrects the record identified below.

INFORMATION FROM ORIGINAL RECORD: Certificate No. **2014-28690**

Name **Donald W. COFFEE Sr** Date of Death **August 6, 2014**

County of Death **Shelby** File Date **August 15, 2014**

ITEM#	ITEM DESCRIPTION	CORRECT INFORMATION
1	Deceased-Name	Donald Wilfred COFFEE, SR.
29	Maiden Name of Mother	Imogene Yeargan

EVIDENCE SUPPORTING CORRECTION:

Decedent's Dallas County, Alabama, Marriage License, filed in Alabama Vital Records, Year 1957, Page 07459; and a request from Debbie Barrett at Selma Funeral Home.

PERSON REQUESTING CORRECTION:

Name DEBBIE BARRETT Relationship FUNERAL HOME REP.

Address P O BOX 70 City, State, Zip SELMA, AL 36702

I certify the foregoing amendment is hereby made a part of the record concerned without determination of its probative value. Done this **8th** day of **September**, **2014**.

By Kimberly Smith
Recording Clerk

20150116000016560 2/2 $17.00
Shelby Cnty Judge of Probate, AL
01/16/2015 11:11:03 AM FILED/CERT

ADPH-F-HS-38/Rev. 4-08

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2014-357-704-0

September 8, 2014

Catherine Molchan Donald
State Registrar of Vital Statistics