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Signature of Local Registrar

Date of Issue

20150330000100020

03/30/2015 03:46:25 PM

MISCINST 1/1

ALABAMA
CERTIFICATE OF DEATH

State File Number 101

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.County
File
Number —

3.	1. DECEASED—NAME First Middle Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
6.	Chester KELLEY, JR	June 17, 2011	Shelby
19.	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)
20.	Pelham 35124	Yes	143 Heather Ridge Dr.
26.	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.)
27.		No	White
34.	11. AGE YRS. 82	12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	13. DATE OF BIRTH (Month, Day, Year)
			April 7, 1929
	15. EDUCATION (Specify ONLY highest grade completed below)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)
	Elementary or High School (0-12) 12	College (1-4 or 5+) Married	Edna Crowder
	19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY
	Alabama	Alabama	Shelby
	23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
	Yes	143 Heather Ridge Dr.	Mrs. Edna Kelley
			143 Heather Ridge Dr. Pelham, AL 35124
	26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY	
	Chief Master Sergeant	U.S. Air Force	
	28. FATHER—NAME First Middle Last	29. MAIDEN NAME OF MOTHER— First Middle Last	
	Chester Kelley, Sr.	Alice Anna Taylor	
	30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name
	Burial	June 20, 2011	Bogueloosa Cemetery
	34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
	Bumpers Funeral Home	Beth W. Clark	6/24/2011
	P.O. Box 705 Butler, AL 36904		
	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."	38. DATE SIGNED (Month, Day, Year)	
	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."	June 21, 2011	
	Signature: Susan M. Ferguson MD		
	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)
	12:05 AM 6/17/2011		SUSAN M. FERGUSON MD
	42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER	
	1024 FIRST ST. NORTH ALABASTER, AL 35007	A44175	
	44. REGISTRAR—Signature	45. DATE FILED (Month, Day, Year)	
	Vicki Abato	June 27, 2011	

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. Cholangiocarcinoma ST II	1 month
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	
b. DUE TO (OR AS A CONSEQUENCE OF):	
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.)
	No
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No)
NATURAL	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.

Filed and Recorded
Official Public Records
Judge James W. Fuhrmeister, Probate Judge,
County Clerk
Shelby County, AL
03/30/2015 03:46:25 PM
\$14.00 CHERRY
20150330000100020

ADPH-HS 2/Rev. 11-93

J. W. Fuhrmeister