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

CERTIFICATE OF DEATH

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

County File Number –

State File Number 101

1. DECEASED—NAME (First, Middle, Last (Type last name all capitals)) William Perry LAMPKIN	2. DATE OF DEATH (Month, Day, Year) November 28, 2011	3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35233	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) V.A. Hospital - Birmingham	
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 Male
11. AGE 83 YRS.	12. UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year) December 14, 1927
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) Betty Davis	18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes
19. STATE OF BIRTH (If not in USA, name country) Alabama	20. RESIDENCE—STATE Alabama	21. COUNTY Jefferson	22. CITY, TOWN, OR LOCATION AND ZIP CODE Hoover 35242
23. INSIDE CITY LIMITS (Specify Yes or No) Yes	24. STREET AND NUMBER 4033 Crossings Lane	25. INFORMANT—Name and Address Betty Davis Lampkin 4033 Crossings Lane, Hoover, AL 35242	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Mechanic Contractor		27. KIND OF BUSINESS OR INDUSTRY Construction	
28. FATHER—NAME (First, Middle, Last) Thoms Earl Lampkin		29. MAIDEN NAME OF MOTHER— (First, Middle, Last) Claira Beatrice Ramage	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	31. DATE OF DISPOSITION (Month, Day, Year) Dec. 1, 2011	32. CEMETERY OR CREMATORY—Name Jefferson Memorial-East	33. LOCATION—(City or Town—State) Trussville, AL
34. FUNERAL HOME—Name and Address Ridout's Elmwood Chapel 800 Dennison AveSW, Birmingham, AL 35211	35. FUNERAL DIRECTOR—Signature Larry Barr		36. DATE SIGNED BY FUNERAL DIRECTOR 12/2/11
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:			38. DATE SIGNED (Month, Day, Year) November 28, 2011
39. TIME AND DATE OF DEATH November 28, 2011 @0145	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) Evan Raff, M.D.	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 700 South 19th St, Birmingham, AL 35233			43. CERTIFIER LICENSE NUMBER "Intern"
44. REGISTRAR— Signature Rosella Jules	For State or County use only		45. DATE FILED (Month, Day, Year) Dec-5, 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. Respiratory failure	
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): b. Coronary artery disease	
	DUE TO (OR AS A CONSEQUENCE OF): c. Sepsis	
	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.		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) Yes	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.

3

NAME OF DECEASED William Lamkin SSN: [redacted]

46. ___
___
___
___
49. ___
55. ___

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

20150713000236240 1/1 $.00
Shelby Cnty Judge of Probate, AL
07/13/2015 11:15:32 AM FILED/CERT

Rosella Jules
Signature of Local or Deputy Registrar

December 6 2011
Date of Issue