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ALABAMA
Center for Health Statistics

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06/17/2016 02:42:44 PM
MISCINST 1/2

ALABAMA
CERTIFICATE OF DEATH

09-07389

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

County File Number —

State File Number 101

3. 059888
6 000
19. 01
20. 059888
26
27
34. 59406

1. DECEASED—NAME First / Middle / Last (Type last name all capitals): James William EVANS
2. DATE OF DEATH (Month, Day, Year): February 21, 2009
3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Montevallo, 35115
5. INSIDE CITY LIMITS (Specify Yes or No): No
6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): 9305 Highway 22
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: No
9. RACE—(Specify American Indian, Black, White, etc.): White
10. SEX: Male
11. AGE: 53 YRS
12. UNDER 1 YEAR: MOS / DAYS — UNDER 1 DAY: HOURS / MINS
13. DATE OF BIRTH (Month, Day, Year): August 26, 1955
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+): 2
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married
17. SURVIVING SPOUSE (If wife, give maiden name): Karen Bowden
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: Montevallo, 35115
23. INSIDE CITY LIMITS (Specify Yes or No): No
24. STREET AND NUMBER: 9305 Highway 22
25. INFORMANT—Name and Address: Karen Evans, 9305 Hwy 22, Montevallo, AL 35115
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Maintenance
27. KIND OF BUSINESS OR INDUSTRY: Health and Recreation/WMCA
28. FATHER—NAME First / Middle / Last: William T. Evans
29. MAIDEN NAME OF MOTHER— First / Middle / Last: Ester Youngblood

DECEASED

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Cremation
31. DATE OF DISPOSITION (Month, Day, Year): Feb.23.2009
32. CEMETERY OR CREMATORY—Name: Charter Crematory
33. LOCATION—(City or Town—State): Calera, Alabama
34. FUNERAL HOME—Name and Address: Charter Funeral Home, 2521 US Hwy 31, Calera,Al 35040
35. FUNERAL DIRECTOR—Signature: Raunann Loveless
36. DATE SIGNED BY FUNERAL DIRECTOR: Mar. 6,2009

BURIAL

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: V Blackburn MD
38. DATE SIGNED (Month, Day, Year): 03/04/2009
39. TIME AND DATE OF DEATH: 8:41pm 02/21/09
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only):
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): Vance Blackburn MD
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 2520 Valleydale Rd Birmingham, AL 35244
43. CERTIFIER LICENSE NUMBER: 13482
44. REGISTRAR— Signature: Sheila Keller — For State or County use only
45. DATE FILED (Month, Day, Year): March 11, 2009

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 or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE.

	Cause	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	lung cancer with liver metastasis	months
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: Coronary artery disease; diabetes mellitus 2; parkinson's disease
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): natural
50. AUTOPSY (Specify Yes or No): 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): —

CAUSE

SSN
NAME OF DECEASED: Evans, James
46
TI
49.
55

ANY ALTERATIONS VOID THIS DOCUMENT

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

MAR 13 2009

ADPH-HS 2/Rev. 11-93

Attachment Page

ALABAMA

Center for Health Statistics

20160617000210100 06/17/2016 02:42:44 PM MISCINST 2/2

Amendment No. 031129

ALABAMA
AMENDMENT TO RECORD OF DEATH

This amendment corrects the record identified below.

INFORMATION FROM ORIGINAL RECORD: Certificate No. **2009-07389**

Name **James W. EVANS** Date of Death **February 21, 2009**

County of Death **Shelby** File Date **March 11, 2009**

ITEM#	ITEM DESCRIPTION	CORRECT INFORMATION
27	Kind of Business or Industry	Health and Recreation/YMCA
29	Maiden Name of Mother	Esther Youngblood

SHELBY COUNTY ALABAMA

Filed and Recorded
Official Public Records
Judge James W. Fuhrmeister, Probate Judge,
County Clerk
Shelby County, AL
06/17/2016 02:42:44 PM
$17.00 DEBBIE
20160617000210100

EVIDENCE SUPPORTING CORRECTION:

Decedent's birth certificate, filed in Alabama Vital Records, Year 1955, Page 53915; and a request from Norma Grant at Charter Funeral Home.

PERSON REQUESTING CORRECTION:

Name NORMA GRANT Relationship FUNERAL HOME REP.

Address 9305 HWY 22 City, State, Zip MONTEVALLO, AL 35115

I certify the foregoing amendment is hereby made a part of the record concerned without determination of it's probative value. Done this **26th** day of **March , 2009**.

By Kimberly Smith
Recording Clerk

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

ALABAMA CENTER FOR HEALTH STATISTICS

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2009-187-592-2

March 26, 2009

Catherine Molchan Donald
State Registrar of Vital Statistics

ANY ALTERATIONS VOID THIS DOCUMENT