TITLE NOT CHECKED

This INSTRUMENT PREPARED BY:

20161117000422910 1/7 $173.00
Shelby Cnty Judge of Probate, AL
11/17/2016 11:03:12 AM FILED/CERT

HEIR DEED

FROM ALL THE HEIRS OF VIRGINIA W. AVERY, DECEASED

STATE OF ALABAMA
CHILTON COUNTY

WHEREAS, Virginia W. Avery, a (widow), departed this life on or about March 10, 2016, leaving no will. And, whereas the only heirs and next of kin of said Virginia W. Avery, are the following:

1. Donald Heath Avery, over age 19.

2. Jennifer Avery Davis, over age 19.

Shelby County, AL 11/17/2016
State of Alabama
Deed Tax:$140.00

WHEREAS at the time of the death of Virginia W. Avery, she was the owner of the hereinafter described lands:

NOW THEREFORE, KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of One dollar ($1.00) dollar, to the undersigned, Donald Heath Avery and Jennifer Avery Davis, being all of the heirs and next of kin of Virginia W. Avery, deceased, the receipt whereof is acknowledged, the undersigned Grantors do grant, bargain, sell, and convey to Donald Heath Avery a married person and Jennifer Avery Davis, a married person, as joint tenants with right of survivorship together with every contingent remainder and right of reversion, all his/her rights in the following described real estate situated in Chilton County, Alabama, to-wit:

That portion of Block number 64 located on the North side of Shelby County Road Number 4 according to map of South Calera, Alabama as recorded in the Probate Office of Shelby County, Alabama, in Map Book 3, page 40.

Subject to all rights, rights of way, easements and restrictions of record.

To have and to hold, to the said Donald Heath Avery and Jennifer Avery Davis, as joint tenants with right of survivorship with every contingent remainder and right of reversion.

And we do, for ourselves and for our heirs, executors, and administrators covenant with the said Grantees, her/their heirs and assigns, that we are lawfully seized in fee simple of said premises; that they are free from encumbrances, except as listed above; that we have good right

to sell and convey the same as aforesaid; that we will and our heirs, executors and administrators shall warrant and defend the same to the said Grantee(s), his/her/their heirs and assigns forever, against the lawful claims of all persons.

Donald Heath Avery

Jennifer Avery Davis

STATE OF ALABAMA
CHILTON COUNTY

I, the undersigned, a Notary Public, hereby certify that Donald Heath Avery, whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me that being informed of the contents of said conveyance, he executed the same voluntarily.

Sworn to and subscribed before this the day of July 2016.

Notary Public
My Commission Expires: 8-6-18

STATE OF ALABAMA
CHILTON COUNTY

I, the undersigned, a Notary Public, hereby certify that Jennifer Avery Davis, whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me that being informed of the contents of said conveyance, she executed the same voluntarily.

Sworn to and subscribed before this the day of July 2016.

Notary Public
My Commission Expires: 8-6-18

Book 267 and Page 754
GRANTEE'S ADDRESS:

20161117000422910 2/7 $173.00
Shelby Cnty Judge of Probate, AL
11/17/2016 11:03:12 AM FILED/CERT

Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name: Donald Heath Avery
Jennifer Avery Davis
Mailing Address: 5276 Courtyard 151
Calera, AL 35040

Grantee's Name: Carl T Edwards
Mailing Address: 565 Hwy 4
Calera, AL 35040

Property Address: 565 Hwy 4
Calera, AL 35040

Date of Sale: 11/07/16
Total Purchase Price: $ 140,000
or
Actual Value: $
or
Assessor's Market Value: $

The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

___ Bill of Sale
X Sales Contract
___ Closing Statement
___ Appraisal
___ Other

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

Instructions

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a licensed appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date 11/07/16 Print Meredith R Logan

___ Unattested _____ Sign _____
(verified by) (Grantor/Grantee/Owner/Agent) circle one

Form RT-1

20161117000422910 3/7 $173.00
Shelby Cnty Judge of Probate, AL
11/17/2016 11:03:12 AM FILED/CERT

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
Center for Health Statistics
ALABAMA CERTIFICATE OF DEATH

State File Number 101 2016-09712

1. DECEASED LEGAL NAME: Virginia W Avery				2. DATE AND TIME OF DEATH: Mar 10, 2016 0514	
3. ALIAS NAME(IF ANY): None Given				4. DATE AND TIME PRONOUNCED DEAD:	
5. COUNTY OF DEATH: Shelby	6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE: Calera, 35040			7. PLACE OF DEATH: 565 County Road 4	
8. SEX: Female	9. LAST NAME PRIOR TO FIRST MARRIAGE: Williams				10. SERVED IN ARMED FORCES: No
11. AGE: 70	UNDER 1 YEAR: MONTHS / DAYS	UNDER 1 DAY: HRS / MINS	12. DATE OF BIRTH: Dec 23, 1945	13. BIRTHPLACE (State or Foreign Country): Alabama	14. SOCIAL SECURITY NUMBER: [redacted]
15. MARITAL STATUS: Widowed	16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE				17. RESIDENCE STATE: Alabama
18. RESIDENCE COUNTY: Shelby	19. CITY, TOWN OR LOCATION AND ZIP CODE: Calera, 35040			20. STREET ADDRESS: 565 County Road 4	
21. INFORMANT NAME, RELATIONSHIP AND ADDRESS: Jennifer Davis, Daughter, 206 Cedar Way, Montevallo, AL 35115					
22. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE: Bill Williams			23. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE: Aileen Ellison		
24. DISPOSITION OF BODY: Burial	25. CEMETERY OR CREMATORY: Rocky Mt United Methodist Cem			26. LOCATION: Jemison, Alabama	
27. DATE OF DISPOSITION: Mar 11, 2016	28. FUNERAL DIRECTOR: Jack A Jones			29. LICENSE NUMBER: 04436	30. DATE SIGNED: Mar 10, 2016
31. FUNERAL HOME NAME AND ADDRESS: Martin Funeral Home Inc, P O Box 86, Clanton, AL 35045					32. LICENSE NUMBER:
33. MEDICAL CERTIFICATION: X CERTIFYING PHYSICIAN ___ MEDICAL EXAMINER ___ CORONER					
34. NAME: Kris Wood MD				35. LICENSE NUMBER: 22485	36. DATE SIGNED: Mar 21, 2016
37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH: 108 Medical Center Dr, Clanton, Alabama 35045					
38. REGISTRAR: Catherine Molchan Donald					39. DATE FILED: Mar 21, 2016

CAUSE OF DEATH

40. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH		INTERVAL
IMMEDIATE CAUSE	A. Alzheimers Disease	Unknown
UNDERLYING CAUSE	DUE TO (OR AS A CONSEQUENCE OF): B.	
	DUE TO (OR AS A CONSEQUENCE OF): C.	
	DUE TO (OR AS A CONSEQUENCE OF): D.	
41. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		

42. MANNER OF DEATH	43. PREGNANT (IF FEMALE)	44. AUTOPSY	45. FINDINGS CONSIDERED	46. TOXICOLOGY	47. FINDINGS CONSIDERED	48. TOBACCO USE CONTRIBUTED TO DEATH
Natural Causes		Unk	Unk	Unk	Unk	Unknown

49. HOW INJURY OCCURRED		
50. DATE AND TIME OF INJURY	51. INJURY AT WORK	52. IF TRANSPORTATION INJURY, SPECIFY
53. PLACE OF INJURY	54. LOCATION OF INJURY	

ADPH HS E2/REV 01-16

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2016-193-819-3

March 21, 2016

20161117000422910 4/7 $173.00
Shelby Cnty Judge of Probate, AL
11/17/2016 11:03:12 AM FILED/CERT

Catherine M. Donald
Catherine Molchan Donald
State Registrar of Vital Statistics

ANY ALTERATIONS VOID THIS DOCUMENT

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

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

Signature of Local Registrar

20161117000422910 5/7 $173.00
Shelby Cnty Judge of Probate, AL
11/17/2016 11:03:12 AM FILED/CERT

June 20 2011
Date Of Issue

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

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Donald	Roy	AVERY	May 29, 2011	Marengo

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)
Demopolis, 36732	Yes	Bryan Whitfield Memorial Hospital

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
Inpatient	No	White	Male

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
69 YRS.					September 13, 1941	[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	Virginia Williams	Yes

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Alabama	Alabama	Shelby	Calera, 35040

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
No	565 Hwy 4	Virginia W. Avery 565 Hwy 4, Calera, AL 35040

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

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Tom		Avery	Louise		Sundberg

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	June 1, 2011	Rocky Mt. Methodist	Jemison, AL

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Martin Funeral Home, Inc P.O. Box 86, Clanton, AL 35046		June 16, 2011

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): June 9, 2011

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)
8:54 P.M. May 29, 2011		Alex K. Curtis, M.D.

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
105 Highway 80 East Demopolis, Alabama 36732	14037

44. REGISTRAR—Signature — For State or County use only — 45. DATE FILED (Month, Day, Year): June 20, 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. Myocardial Infarction	Minutes
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Coronary Artery Disease	Years
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Hypertension	Years
	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)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Natural Cause	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)

SSN:

NAME OF DECEASED Donald AVERY

46.
49.
55.

DECEASED BURIAL CERTIFIER CAUSE

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

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ALABAMA
Center for Health Statistics
ALABAMA CERTIFICATE OF DEATH

State File Number 101 2016-09712

1. DECEASED LEGAL NAME					2. DATE AND TIME OF DEATH
Virginia W Avery					Mar 10, 2016 0514
3. ALIAS NAME(IF ANY)					4. DATE AND TIME PRONOUNCED DEAD
None Given					
5. COUNTY OF DEATH	6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE			7. PLACE OF DEATH	
Shelby	Calera, 35040			565 County Road 4	
8. SEX	9. LAST NAME PRIOR TO FIRST MARRIAGE				10. SERVED IN ARMED FORCES
Female	Williams				No

11. AGE	UNDER 1 YEAR		UNDER 1 DAY		12. DATE OF BIRTH	13. BIRTHPLACE (State or Foreign Country)	14. SOCIAL SECURITY NUMBER
	MONTHS	DAYS	HRS	MINS			
70					Dec 23, 1945	Alabama	[redacted]

15. MARITAL STATUS	16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE	17. RESIDENCE STATE
Widowed		Alabama

18. RESIDENCE COUNTY	19. CITY, TOWN OR LOCATION AND ZIP CODE	20. STREET ADDRESS
Shelby	Calera, 35040	565 County Road 4

21. INFORMANT NAME, RELATIONSHIP AND ADDRESS

Jennifer Davis, Daughter, 206 Cedar Way, Montevallo, AL 35115

22. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE	23. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE
Bill Williams	Aileen Ellison

24. DISPOSITION OF BODY	25. CEMETERY OR CREMATORY	26. LOCATION	
Burial	Rocky Mt United Methodist Cem	Jemison, Alabama	
27. DATE OF DISPOSITION	28. FUNERAL DIRECTOR	29. LICENSE NUMBER	30. DATE SIGNED
Mar 11, 2016	Jack A Jones	04436	Mar 10, 2016

31. FUNERAL HOME NAME AND ADDRESS	32. LICENSE NUMBER
Martin Funeral Home Inc, P O Box 86, Clanton, AL 35045	

33. **MEDICAL CERTIFICATION:** X CERTIFYING PHYSICIAN ___ MEDICAL EXAMINER ___ CORONER

34. NAME	35. LICENSE NUMBER	36. DATE SIGNED
Kris Wood MD	22485	Mar 21, 2016

37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH

108 Medical Center Dr, Clanton, Alabama 35045

38. REGISTRAR	39. DATE FILED
Catherine Molchan Donald	Mar 21, 2016

CAUSE OF DEATH

40. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH	INTERVAL
IMMEDIATE CAUSE A. Alzheimers Disease	Unknown
DUE TO (OR AS A CONSEQUENCE OF):	
UNDERLYING CAUSE B.	
DUE TO (OR AS A CONSEQUENCE OF):	
C.	
DUE TO (OR AS A CONSEQUENCE OF):	
D.	

41. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

42. MANNER OF DEATH	43. PREGNANT (IF FEMALE)	44. AUTOPSY	45. FINDINGS CONSIDERED	46. TOXICOLOGY	47. FINDINGS CONSIDERED	48. TOBACCO USE CONTRIBUTED TO DEATH
Natural Causes		Unk	Unk	Unk	Unk	Unknown

49. HOW INJURY OCCURRED

50. DATE AND TIME OF INJURY	51. INJURY AT WORK	52. IF TRANSPORTATION INJURY, SPECIFY

53. PLACE OF INJURY	54. LOCATION OF INJURY

ADPH HS E2/REV 01-16

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March 21, 2016

20161117000422910 6/7 $173.00
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Catherine M. Donald
Catherine Molchan Donald
State Registrar of Vital Statistics

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ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Donald	Roy	AVERY	May 29, 2011	Marengo

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)
Demopolis, 36732	Yes	Bryan Whitfield Memorial Hospital

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
Inpatient	No	White	Male

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
69 YRS.					September 13, 1941	[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	Virginia Williams	Yes

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Alabama	Alabama	Shelby	Calera, 35040

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
No	565 Hwy 4	Virginia W. Avery 565 Hwy 4, Calera, AL 35040

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

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Tom		Avery	Louise		Sundberg

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	June 1, 2011	Rocky Mt. Methodist	Jemison, AL

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Martin Funeral Home, Inc P.O. Box 86, Clanton, AL 35046		June 16, 2011

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): June 9, 2011

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)
8:54 P.M. May 29, 2011		Alex K. Curtis, M.D.

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
105 Highway 80 East Demopolis, Alabama 36732	14037

44. REGISTRAR—Signature — For State or County use only — 45. DATE FILED (Month, Day, Year): June 20, 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. Myocardial Infarction	Minutes
	DUE TO (OR AS A CONSEQUENCE OF):	
	b. Coronary Artery Disease	Years
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. Hypertension	Years
	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)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Natural Cause	No	

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part 1 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)

SSN:

NAME OF DECEASED Donald AVERY

46.
49.
55.

DEMOGRAPHIC

MEDICAL CERTIFIER

CAUSE

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