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

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

ALABAMA
CERTIFICATE OF DEATH

County File Number --

State File Number 101 **04-30405**

3. 059086
6. 000
19. 25
20. 059086
26. ____
27. ____
34. 61403

1. DECEASED—NAME (First, Middle, Last (Type last name all capitals)) Thoris N. MANN	2. DATE OF DEATH (Month, Day, Year) September 3, 2004	3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Harpersville 35078	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) 5875 Highway 280 East	
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 61 YRS	12. UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year) February 23, 1943
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) Cheri Wood	18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes
19. STATE OF BIRTH (If not in USA, name country) Mississippi	20. RESIDENCE—STATE Alabama	21. COUNTY Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE Harpersville 35078
23. INSIDE CITY LIMITS (Specify Yes or No) Yes	24. STREET AND NUMBER 5875 Highway 280 East	25. INFORMANT—Name and Address Cheri Mann, 5875 Highway 280 East, Harpersville, AL 35078	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Maintenance		27. KIND OF BUSINESS OR INDUSTRY Paper Mill	
28. FATHER—NAME (First, Middle, Last) N. Clinton Mann		29. MAIDEN NAME OF MOTHER—(First, Middle, Last) Lou Ella Grantham	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Donated, Other) Burial	31. DATE OF DISPOSITION (Month, Day, Year) Sep. 6, 2004	32. CEMETERY OR CREMATORY—Name Harpersville Cemetery	33. LOCATION—(City or Town—State) Harpersville, AL
34. FUNERAL HOME—Name and Address Curtis and Son Funeral Home, Inc. P.O. Box 282, Sylacauga, AL 35150		35. FUNERAL DIRECTOR—Signature Sheddie Murphy	36. DATE SIGNED BY FUNERAL DIRECTOR Sep. 8, 2004
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: Andrew J. Duxbury			38. DATE SIGNED (Month, Day, Year) September 15, 2004
39. TIME AND DATE OF DEATH SEPTEMBER 3, 2004 22:57	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) Andrew Duxbury MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 41) 1621 11th Avenue South Birmingham AL 35205			43. CERTIFIER LICENSE NUMBER 22281
44. REGISTRAR— Signature Sheila Keller	For State or County use only		45. DATE FILED (Month, Day, Year) Sept 21, 2004

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		10 min
DUE TO (OR AS A CONSEQUENCE OF): b. Lung Cancer. Metastatic		min.
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.		
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. Brain Metastasis		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 Cause	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)

NAME OF DECEASED

46. ____
49. ____
55. ____

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

SEP 22 2004

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2015-288-835-1

June 18, 2015

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics