

This is a true and exact copy on file with the Talladega County Health Dept.

Brenda Payne
Registrar

20171030000391350 1/1 \$15.00
Shelby Cnty Judge of Probate, AL
10/30/2017 11:21:53 AM FILED/CERT

April 10, 2012
Date

ALABAMA

CERTIFICATE OF DEATH

State File Number 101

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

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1. DECEASED—NAME First Middle Last (Type last name all capitals) Betty Joyce CONNELL				2. DATE OF DEATH (Month, Day, Year) March 26, 2012		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35209				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) Brookwood Medical Center	
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 Female				11. AGE 72 YRS.		12. UNDER 1 YEAR MO.	
13. DATE OF BIRTH (Month, Day, Year) January 27, 1940				14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 2				16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Luther Connell	
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 Talladega			
22. CITY, TOWN, OR LOCATION AND ZIP CODE Sylacauga 35151				23. INSIDE CITY LIMITS (Specify Yes or No) No			
24. STREET AND NUMBER 754 Wilson Lane				25. INFORMANT—Name and Address Luther Connell 754 Wilson Sylacauga, AL 35150			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Ceramics				27. KIND OF BUSINESS OR INDUSTRY Self employed Ceramics			
28. FATHER—NAME First Middle Last Henry Collier				29. MAIDEN NAME OF MOTHER—First Middle Last Ver Dillie Thomas			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial				31. DATE OF DISPOSITION (Month, Day, Year) March 29, 2012		32. CEMETERY OR CREMATORY—Name Grimes Chapel Cemetery	
33. LOCATION—(City or Town—State) Sylacauga, AL				34. FUNERAL HOME—Name and Address Radney-Smith Funeral Home 320 N. Elm Avenue Sylacauga, AL 35150			
35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>				36. DATE SIGNED BY FUNERAL DIRECTOR April 6, 2012			
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 Signature: <i>[Signature]</i>				38. DATE SIGNED (Month, Day, Year) 4/5/12			
39. TIME AND DATE OF DEATH 0605 3/26/12				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) Aftab Khan MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) P.O. Box 130387 Rlham, AL 35213				43. CERTIFIER LICENSE NUMBER 24061			
44. REGISTRAR—Signature <i>Brenda Payne</i>				45. DATE FILED (Month, Day, Year) April 10, 2012			

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 INJURY AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Cardiac arrest			
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			
a. DUE TO (OR AS A CONSEQUENCE OF): Anemia			
b. DUE TO (OR AS A CONSEQUENCE OF): ESRD			
c. DUE TO (OR AS A CONSEQUENCE OF): Hypotension			
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. lung cancer stage 4		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unknown)	
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. HOUR OF INJURY	
53. DATE OF INJURY (Month, Day, Year)		54. HOUR OF INJURY	
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

NAME OF DECEASED Betty Connell