

ALABAMA
 CERTIFICATE OF DEATH STATE FILE NO 101

TYPE IN PERMANENT DARK INK

1. DECEASED LEGAL NAME (First, Middle, Last) (Type last name all capitals) Kathleen P MORRIS		2. LAST NAME PRIOR TO FIRST MARRIAGE Pierce		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35243		5. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. PLACE OF DEATH (Facility Name) - Hospital or Other Institution - (if not in either, give street and number) Grandview Medical Center	
7. IF HOSPITAL (Specify Inpatient, ER, Outpatient, or DOA) E.R.		8. SEX <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		9. SOCIAL SECURITY NUMBER [REDACTED]	
11. AGE - Last Birthday (Years) 85		12. DATE OF BIRTH (Month, Day, Year) December 25, 1932		13. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	
14. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. SURVIVING SPOUSE (NAME PRIOR TO FIRST MARRIAGE) William Oakley Morris, Jr.		16. DECEASED RESIDENCE-STATE Alabama	
18. CITY, TOWN, OR LOCATION AND ZIP CODE Birmingham 35242		19. STREET ADDRESS (Apt, Lot, Unit - if applicable) 917 Linkside Way		20. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) L. D. Pierce			22. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Ruth Arnold		
23. INFORMANT NAME AND RELATIONSHIP TO DECEASED William Oakley Morris, Jr. husband			24. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, County, Zip Code, Apt, Lot) 917 Linkside Way, Birmingham, Alabama, Shelby, 35242		
25. DATE OF DISPOSITION (Month, Day, Year) December 28, 2017			26. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Hospital Disposal <input type="checkbox"/> Medical Donation <input type="checkbox"/> Other (Specify):		
27. CEMETERY OR CREMATORY (Name) Abanks Mortuary			28. LOCATION (City or Town, State) Birmingham, Alabama		
29. FUNERAL HOME (Name and Address) Abanks Mortuary 808 5th Ave N, Birmingham, Al. 35203			30. FUNERAL HOME (License Number) 0543		
31. FUNERAL DIRECTOR - SIGNATURE <i>[Signature]</i>			32. DATE SIGNED BY FUNERAL DIRECTOR (Month, Day, Year) January 9, 2018		33. FUNERAL DIRECTOR (License Number) 05241
34. <input checked="" type="checkbox"/> 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." <input type="checkbox"/> Medical Examiner <input type="checkbox"/> 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: <i>[Signature]</i>					35. DATE SIGNED (Month, Day, Year) 1/3/18
36. DATE OF DEATH (Month, Day, Year) 12-26-2017		37. TIME OF DEATH 6:52 PM		38. DATE PRONOUNCED DEAD (Month, Day, Year) 12-26-2017	
40. NAME, ADDRESS, CITY, STATE, AND ZIP CODE OF PERSON CERTIFYING CAUSE OF DEATH (Item 44) 3690 GRANDVIEW PARKWAY (ER) B' HAM, AL 35243 LANDON ARGO M.D.					41. LICENSE NUMBER MD, 29868
42. REGISTRAR - Signature <i>[Signature]</i>			43. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year) January 10 2018		FOR STATE OR COUNTY USE ONLY

MEDICAL CERTIFICATION

44. PART I. CAUSE OF DEATH Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiopulmonary Arrest Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Coronary Artery Embolism Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____		Approximate interval: Onset to death	
45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. unknown		46. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined	
47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		48. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
49. DATE OF INJURY (Month, Day, Year) 12-26-2017		50. TIME OF INJURY 6:52 PM	
51. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		52. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
53. LOCATION OF INJURY: (Street or R.F.D. No., City or Town, County, State)		54. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):	
55. DESCRIBE HOW INJURY OCCURRED:		56. AUTOPSY/TOXICOLOGY PERFORMED? Autopsy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Toxicology <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
		57. WERE FINDINGS CONSIDERED? Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Toxicology <input type="checkbox"/> Yes <input type="checkbox"/> No	

ME OF DECEASED Kathleen P. Morris

20180511000162360 3/3 \$391.50
 Shelby Cnty Judge of Probate, AL
 05/11/2018 11:37:12 AM FILED/CERT

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

[Signature]
 Signature of Local or Deputy Registrar

January 10 2018
 Date of Issue