

ALABAMA

Center for Health Statistics

ALABAMA CERTIFICATE OF DEATH

State
File
Number**101 2014-11331**

| | | | | | | | | | |
|--|--|---|-------------------------|---|--|--|--|---|--|
| 1. DECEASED LEGAL NAME Etha Ardell Carroll | | | | | 2. DATE AND TIME OF DEATH Apr 3, 2014 1445 | | | | |
| 3. ALIAS NAME (IF ANY) None Given | | | | | 4. DATE AND TIME PRONOUNCED DEAD | | | | |
| 5. COUNTY OF DEATH Talladega | | 6. CITY, TOWN OR LOCATION OF DEATH AND ZIP Sylacauga, 35150 | | | 7. PLACE OF DEATH Sylacauga Health and Rehab Services | | | | |
| 8. HISPANIC ORIGIN No | | | 9. RACE White | | 10. SEX Female | | | 11. SERVED IN ARMED FORCES No | |
| 12. AGE 85 | | UNDER 1 YEAR MONTHS 85 | | UNDER 1 DAY HRS 85 | | 13. DATE OF BIRTH Oct 13, 1928 | | 14. STATE OF BIRTH Alabama | |
| 15. SOCIAL SECURITY NUMBER [REDACTED] | | 16. MARITAL STATUS Widowed | | | 17. SURVIVING SPOUSE | | | 18. RESIDENCE STATE Alabama | |
| 19. RESIDENCE COUNTY Shelby | | 20. CITY, TOWN OR LOCATION AND ZIP Harpersville, 35078 | | | 21. STREET ADDRESS 3988 Kline Road | | | | |
| 22. INFORMANT NAME, RELATIONSHIP AND ADDRESS Martha Davis, Relationship: Daughter 710 Forest Hills Drive Childersburg, Alabama 35044 | | | | | 23. OCCUPATION Assembly Line 24. BUSINESS OR INDUSTRY Binders | | | | |
| 25. FATHER'S NAME Terry Barber | | | | | 26. MOTHER'S MAIDEN NAME Mittie Layton | | | | |
| 27. DISPOSITION OF BODY Burial | | 28. DATE OF DISPOSITION Apr 5, 2014 | | 29. CEMETERY OR CREMATORY Harpersville Cemetery | | | 30. LOCATION Harpersville, Alabama | | |
| 31. FUNERAL HOME NAME AND ADDRESS Curtis And Son Funeral Home Childersburg, 1099 1st St NW, Childersburg, AL 35044 | | | | | | | | 32. LICENSE NUMBER | |
| 33. FUNERAL DIRECTOR Barry Curtis | | | | | 34. LICENSE NUMBER | | 35. DATE SIGNED Apr 7, 2014 | | |
| 36. MEDICAL CERTIFICATION: _____ CERTIFYING PHYSICIAN _____ MEDICAL EXAMINER <input checked="" type="checkbox"/> CORONER | | | | | | | | | |
| 37. NAME Shaddix Murphy, Coroner | | | | | 38. LICENSE NUMBER | | 39. DATE SIGNED Apr 7, 2014 | | |
| 40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH PO Box 282, Sylacauga, Alabama 35150 | | | | | | | | | |
| 41. REGISTRAR Catherine Molchan Donald | | | | | | | 42. DATE FILED Apr 7, 2014 | | |

CAUSE OF DEATH

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|---|--|--|--|--------------------------|------------------------|-------------------------|--|
| 43. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH | | | | | INTERVAL | | |
| IMMEDIATE CAUSE | | A. Dementia DUE TO (OR AS A CONSEQUENCE OF): | | | Unknown | | |
| UNDERLYING CAUSE | | B. _____ DUE TO (OR AS A CONSEQUENCE OF): | | | | | |
| | | C. _____ DUE TO (OR AS A CONSEQUENCE OF): | | | | | |
| | | D. _____ DUE TO (OR AS A CONSEQUENCE OF): | | | | | |
| | | | | | | | |
| 44. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH | | | | | | | |
| 45. MANNER OF DEATH Natural Cause | | 46. PREGNANCY IN LAST 42 DAYS No | | 47. AUTOPSY No | | 48. FINDINGS CONSIDERED | |
| 49. DATE AND TIME OF INJURY | | | | | | | |
| 50. HOW INJURY OCCURRED | | | | | | | |
| 51. INJURY AT WORK | | 52. PLACE OF INJURY | | | 53. LOCATION OF INJURY | | |

ADPH HS E2/REV 07-10

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2014-208-866-5

April 7, 2014



20180626000226680 1/1 \$15.00
Shelby Cnty Judge of Probate, AL
06/26/2018 09:06:10 AM FILED/CERT

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

REPLICATIONS VOID THIS DOCUMENT