Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
01/02/2019 11:36:03 AM
$15.00 CHERRY
20190102000000560

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01/02/2019 11:36:03 AM
CERTIFICATE 1/1

ALABAMA
Center for Health Statistics
ALABAMA
CERTIFICATE OF DEATH

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

08-14056

County File Number 059888

State File Number 101

1. DECEASED—NAME: First Willard; Middle Douglas; Last (Type last name all capitals) CROSS
2. DATE OF DEATH (Month, Day, Year): April 4, 2008
3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Birmingham, Alabama 35244
5. INSIDE CITY LIMITS (Specify Yes or No): No
6. PLACE OF DEATH—HOSPITAL OR OTHER (If not in either, give street and number): Residence - 2057 Baneberry Drive
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): NA
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: 68 YRS.
12. UNDER 1 YEAR: MOS. — DAYS —
UNDER 1 DAY: HOURS — MINS. —
13. DATE OF BIRTH (Month, Day, Year): January 10, 1940
14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): — College (1-4 or 5+): 4
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married
17. SURVIVING SPOUSE (If wife, give maiden name): Judith Johnson
18. Was Decedent ever in Armed Forces (Specify Yes or No): Yes
19. STATE OF BIRTH (If not in USA, list the country): Alabama
20. RESIDENCE—STATE: Alabama
21. COUNTY: Shelby
22. CITY, TOWN, OR LOCATION AND ZIP CODE: Birmingham, Alabama 35244
23. INSIDE CITY LIMITS (Specify Yes or No): No
24. STREET AND NUMBER: 2057 Baneberry Drive
25. INFORMANT—Name and Address: Judith Cross, 2057 Baneberry Drive, Birmingham AL 35244
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): President
27. KIND OF BUSINESS OR INDUSTRY: BE&K Construction Inc.
28. FATHER—NAME: First Willard; Middle Benjamin; Last Cross
29. MAIDEN NAME OF MOTHER: First Lois; Middle —; Last Clark
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial
31. DATE OF DISPOSITION (Month, Day, Year): April 7, 2008
32. CEMETERY OR CREMATORY—Name: Southern Heritage Cem.
33. LOCATION—(City or Town—State): Pelham, Alabama
34. FUNERAL HOME—Name and Address: Ridout's Southern Heritage, 475 Cahaba Valley Rd., Pelham AL 35124
35. FUNERAL DIRECTOR—Signature: Robert L. Mundang
36. DATE SIGNED BY FUNERAL DIRECTOR (Month, Day, Year): April 19, 2008
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): 44408
39. TIME AND DATE OF DEATH: 44408 745a.m
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): Edward A. Hilliard
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 2000 6th Ave South Birmingham AL 35233
43. CERTIFIER LICENSE NUMBER: AL 8140
44. REGISTRAR—Signature: Sheila Fuller
For State or County use only
45. DATE FILED (Month, Day, Year): April 24, 2008

DECEASED

BURIAL CERTIFICATE

SSN [redacted]

NAME OF DECEASED Willard Douglas Cross

MEDICAL CERTIFICATION

45. 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Frontotemporal dementia
DUE TO (OR AS A CONSEQUENCE OF): b.
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.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: a. 2 yrs
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: HBP, hyperlipidemia
48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No or Unk.): NA
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:
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):

CAUSE

46. MS
49.
55.

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

APR 29 2008

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. 2017-310-367-6

June 28, 2017

Catherine Molchan Donald
State Registrar of Vital Statistics