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CERTIFICATE 1/1

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

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

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

1. DECEASED—NAME (First, Middle, Last (Type last name all capitals))	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Peter Halsey YOUNG	February 25, 2012	Jefferson

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
Birmingham 35249	Yes	UAB

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.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
Inpatient	No	White	Male

11. AGE	12. UNDER 1 YEAR (MOS. / DAYS)	UNDER 1 DAY (HOURS / MINS.)	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
58 YRS			5/15/1953	XXX-XX-XXXX

15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)	College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
	4	Married	Nora Dennis	No

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
New York	Alabama	Shelby	Pelham 35124

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
Yes	126 Stone Hill Circle	Nora Young 126 Stone Hill Circle, Pelham, AL 35124

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
General Manager	Country Club

28. FATHER—NAME (First, Middle, Last)	29. MAIDEN NAME OF MOTHER—(First, Middle, Last)
Richard G. Young, Sr.	Virginia Mattoon

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
Burial	2/28/2012	Jefferson Memorial Gardens, South	Hoover, AL

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Currie-Jefferson 2701 John Hawkins Pkwy, Hoover, AL		3/1/12

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: Sarah Fulghum

38. DATE SIGNED (Month, Day, Year): 2/26/12

39. TIME AND DATE OF DEATH	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)
2/25/12 20:54		Sarah Fulghum MD

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
1713 6th Ave S. Birmingham, AL 35233	AL2990

44. REGISTRAR— Signature	For State or County use only	45. DATE FILED (Month, Day, Year)
Rosalind Hicks		March 2, 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 ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Encephalopathy	
	DUE TO (OR AS A CONSEQUENCE OF): b. Metastatic Transitional Cell Carcinoma	
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.	
	d.	

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Atrial fibrillation

48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Natural	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)

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

ADPH-HS 2 Rev. 11-93

NAME OF DECEASED Peter Halsey Young

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

Rosalind Hicks

March 6 2012