ALABAMA
Center for Health Statistics

93 006 001

SR

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

008637

ALABAMA
CERTIFICATE OF DEATH

92-037248

County File Number —

State File Number 101

3. 037074
6. 114
7. 1
8. 0
9. 1
10. 1

DECEASED

11, 12.
16. 12
16. 2
19. 01
20. 059888
26. 575
27. 060 01
$58000

PARENTS

BURIAL

30. 1
34. 59402

CERTIFIER

37. 1
010593
01C793
011193

CAUSE

46. 1579

48 2

50. 2

1. DECEASED—NAME (First, Middle, Last (Type last name all capitals)): Neil Fred THOMAS
2. DATE OF DEATH (Month, Day, Year): December 30, 1992
3. COUNTY OF DEATH: Jefferson
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Homewood 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): AMI 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: Male
11. AGE: 37 YRS. | 12. UNDER 1 YEAR: MOS / DAYS | UNDER 1 DAY: HOURS / MINS
13. DATE OF BIRTH (Month, Day, Year): June 1, 1955
14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): 12th | College (1-4 or 5+):
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married
17. SURVIVING SPOUSE (If wife, give maiden name): Marjorie Tebo
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: Shelby
22. CITY, TOWN, OR LOCATION AND ZIP CODE: Chelsea 35043
23. INSIDE CITY LIMITS (Specify Yes or No): No
24. STREET AND NUMBER: 511 Liberty Road
25. INFORMANT—Name and Address: Marjorie Thomas 511 Liberty Road Chelsea, AL 35043
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Self- employed electrician
27. KIND OF BUSINESS OR INDUSTRY: Contracting
28. FATHER—NAME (First, Middle, Last): James Fred Thomas
29. MOTHER—MAIDEN NAME (First, Middle, Last): Faye Calvert
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial
31. DATE OF DISPOSITION (Month, Day, Year): January 2, 1993
32. CEMETERY OR CREMATORY—Name: Southern Heritage
33. LOCATION—(City or Town—State): Pelham, AL
34. FUNERAL HOME—Name and Address: Ridout's Southern Heritage 475 Cahaba Valley Road Pelham, AL 35124
35. FUNERAL DIRECTOR—Signature: Bob Brewer
36. DATE SIGNED BY FUNERAL DIRECTOR: Jan. 5, 1993
37. X Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time, date, place, and due to the cause(s) and manner stated." — Medical Examiner — Coroner — Health Officer "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: Ruth C Atkinson
38. DATE SIGNED (Month, Day, Year): 1-8-93
39. TIME OF DEATH: 12:30 pm
40. DATE AND TIME PRONOUNCED DEAD: 12-30-92 12:30pm
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): RUTH C ATKINSON, MD
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 2022 MEDICAL CTR DR SUITE 503 BIRMINGHAM, AL 35209
43. CERTIFIER LICENSE NUMBER: 11387
44. REGISTRAR—Signature: Howard Jarrett JAN 13 1993
45. DATE FILED (Month, Day, Year): January 11, 1993

Dr. Ruth Atkinson

ADDRESS

NAME OF PHYSICIAN

MEDICAL CERTIFICATION

IF NO PHYSICIAN WAS IN ATTENDANCE, MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER OR CORONER.

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. PANCREATIC CARCINOMA
DUE TO (OR AS A CONSEQUENCE OF)
b.
DUE TO (OR AS A CONSEQUENCE OF)
c
DUE TO (OR AS A CONSEQUENCE OF)
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

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

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 1 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)

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

ADPH-F-HS 2/Rev 1-91

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2021-168-980-1

March 1, 2021

Nicole Henderson Rushing
State Registrar of Vital Statistics