



Filed and Recorded
 Official Public Records
 Judge of Probate, Shelby County Alabama, County
 Clerk
 Shelby County, AL
 07/19/2021 08:32:10 AM
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 07/19/2021 08:32:10 AM
 CERTIFICATE 1/1

Allie S. Bayl

ALABAMA

Center for Health Statistics

ALABAMA
 CERTIFICATE OF DEATH STATE FILE NO. 101

2021-13052

TYPE IN PERMANENT DARK INK

1. DECEASED LEGAL NAME (First, Middle, Last). (Type last name all capitals) Robert Lowell PETERS		2. LAST NAME PRIOR TO FIRST MARRIAGE		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35043		5. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. PLACE OF DEATH (Facility Name) - Hospital or Other Institution - (if not in either, give street and number) Grandview	
7. IF HOSPITAL (Specify Inpatient, ER, Outpatient, or DOA) ER		8. SEX <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		9. SOCIAL SECURITY NUMBER [REDACTED]	
10. BIRTHPLACE (State or Foreign Country) Florida		11. AGE - Last Birthday (Years) 78		12. DATE OF BIRTH (Month, Day, Year) November 9, 1942	
13. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		14. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. SURVIVING SPOUSE (NAME PRIOR TO FIRST MARRIAGE) Anne Schultz	
16. CITY, TOWN, OR LOCATION AND ZIP CODE Chelsea 35043		17. COUNTY Shelby		18. DECEASED RESIDENCE-STATE Alabama	
19. STREET ADDRESS (Apt, Lot, Unit - if applicable) 4000 Park Crossings Drive		20. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Lowell Peters	
22. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Libby Moore		23. INFORMANT NAME AND RELATIONSHIP TO DECEASED Anne Peters - wife		24. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, County, Zip Code, Apt. Lot) 4000 Park Crossings Dr. Chelsea, AL 35043	
25. DATE OF DISPOSITION (Month, Day, Year) March 3, 2021		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) Johns Ridouts Crematory	
28. LOCATION (City or Town, State) Birmingham AL		29. FUNERAL HOME (Name and Address) Ridouts Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124		30. FUNERAL HOME (License Number) 0353	
31. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		32. DATE SIGNED BY FUNERAL DIRECTOR (Month, Day, Year) 3-9-2021		33. FUNERAL DIRECTOR (License Number) 04562	
34. <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Certifying Registered Nurse Practitioner <input type="checkbox"/> Certifying Nurse Midwife To the best of my knowledge, death occurred at the time and date, and due to the cause(s) and manner stated. Medical Examiner <input type="checkbox"/> Coroner <input type="checkbox"/> On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature: <i>Elizabeth Gray</i>		35. DATE SIGNED (Month, Day, Year) 3-3-21		36. DATE OF DEATH (Month, Day, Year) 2-22-21	
37. TIME OF DEATH 1835		38. DATE PRONOUNCED DEAD (Month, Day, Year) 2-22-21		39. TIME PRONOUNCED DEAD 1835	
40. NAME, ADDRESS, CITY, STATE, AND ZIP CODE OF PERSON CERTIFYING CAUSE OF DEATH (Item 44) Elizabeth Gray Grandview Medical Center 35243		41. LICENSE NUMBER 32823		42. REGISTRAR - Signature <i>Nicole H. Rushing</i>	
43. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year) MAR 12 2021					

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. cardiac arrest Due to (or as a consequence of): b. CAO Due to (or as a consequence of): c. DM Due to (or as a consequence of): d. HTN		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. hypertension, CKD		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 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)		50. TIME OF INJURY	
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 type="checkbox"/> No <input type="checkbox"/> Unknown Toxicology <input type="checkbox"/> Yes <input 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	

THIS IS A LEGAL RECORD AND MUST BE FILED WITHIN FIVE (5) DAYS AFTER DEATH

ADPH-HS-2 Rev. 08.10.18

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2021-194-070-8

March 19, 2021

Nicole H. Rushing
 Nicole Henderson Rushing
 State Registrar of Vital Statistics

ANY ALTERATIONS VOID THIS DOCUMENT

Robert L. Peters

MAR 12 2021