

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

ALABAMA

CERTIFICATE OF DEATH

TYPE IN PERMANENT
BLACK INK ONLY
USE GREEN RED OR
BLUE INK

County
File
Number

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) Curtis Eugene COOK		2. DATE OF DEATH (Month, Day, Year) May 14, 2008		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham, 35233		5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not at either, give street and number) VA Medical Center	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, CDA) 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.) Black	
10. SEX Male		11. AGE Under 1 Year: 52 YES MONTHS DAYS HOURS MIN. 52 Under 1 Day: April 23, 1956		12. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	
13. EDUCATION (Specify Grade, High School, Associate's, Bachelor's, etc.) 5+		14. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Kimberly Haley	
16. STATE OF BIRTH (If not in USA, name country) Alabama		17. RESIDENCE—STATE Alabama		18. COUNTY Shelby	
19. CITY, TOWN, OR LOCATION AND ZIP CODE Alabaster, 35007		20. INSIDE CITY LIMITS (Specify Yes or No) Yes		21. STREET AND NUMBER 172 Grove Hill Drive	
22. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Self Employed		23. KIND OF BUSINESS OR INDUSTRY Contractor		24. INFORMANT—Name and Address Kimberly Cook 35007	
25. FATHER—NAME First Middle Last Curtis V. Fielder		26. MOTHER—NAME First Middle Last Dorothy Cook		27. DATE SIGNED BY FUNERAL DIRECTOR 5/19/2008	
28. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Organ, etc.) Cremation		29. DATE OF DISPOSITION (Month, Day, Year) 5/24/08		30. CEMETERY OR CREMATORY—Name ABanks Mortuary	
31. LOCATION—(City or Town—State) Birmingham, Ala.		32. FUNERAL HOME—Name and Address Arrington Fun Home		33. FUNERAL DIRECTOR—Signature Rachel R. Arrington	
34. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) 520 Cotton Ave, SW-B'ham, AL 35211		35. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) J Harrison Howards M.D.		36. DATE SIGNED (Month, Day, Year) 5/14/08	
37. TIME AND DATE OF DEATH 0045 5/14/08		38. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) 0045 5/14/08		39. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) J Harrison Howards M.D.	
40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) UAB Hospital Birmingham, AL		41. CERTIFIER LICENSE NUMBER AL# 26465		42. REGISTRAR—Signature Sherry L Myers	
43. DATE FILED (Month, Day, Year) May 19, 2008		44. REGISTRAR—Signature Sherry L Myers		45. DATE FILED (Month, Day, Year) May 19, 2008	

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. IMMEDIATE CAUSE (If an disease or condition resulting in death) → CARDIO PULMONARY ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			
47. PART II: Enter significant conditions contributing to death but not resulting in the underlying cause given in Part I. CHOLECYSTECTOMY		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unknown)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) UNDETERMINED		50. AUTOPSY (Specify Yes or No) YES	
51. HOW INJURY OCCURRED: (Enter nature of injury as listed 46, Part I or Item 47, Pt. II) CHOLECYSTECTOMY		52. DATE OF INJURY (Month, Day, Year) May 14, 2008	
53. INJURY AT WORK (Specify Yes or No) NO		54. HOUR OF INJURY 0045	
55. PLACE OF INJURY—(Specify as home, farm, street, factory, office building, etc.) UAB Hospital		56. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) Birmingham, AL	

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

ADPH-MS 2/Rev. 11-83

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

Signature of Local or Deputy Registrar

May 20, 2008
Date of Issue

That the Estate of FLOYD L. HALEY (Choose one of the following): ☐ was ☒ was not of sufficient size to be subject to Federal Estate Tax Liability, Alabama Estate Tax, nor inheritance tax; and

That Decedent was married ONE time(s) as follows:

Name of each husband or wife
and Date of Marriage:
Date of divorce if applicable:

Age and address if living, Date of death if
deceased

FLOYD L. HALEY

90 yrs 2711 Old 21 St
INDIAN CR 374745

That the following are all the children ever born to or adopted by Decedent:

Name of each child

Age and address if living, Date of death if
Deceased

Bobby Wayne Haley (66) 2407 N. Yorktown, Inda Cr 24110
Ronald Andre Haley (64) 2407 N. Yorktown, Inda Cr 24110
Kimberly Michelle Haley (54) 7951 Collin McKinney Hwy
#5009, McKinney Cr
75070

(Choose one of the following):

☒ All children of Decedent are also children of the surviving spouse; or

☐ The following children of Decedent are not also children of the surviving spouse:

That the following are all of the children of any deceased child of the Decedent:

Name of each grandchild

Age and address if living,
Date of death if deceased

Names of deceased
parents

N/A

That the following are the parents of Decedent:

Name of each parent

Age and address if living,
Date of death if deceased

N/A

Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
01/04/2022 11:16:47 AM
\$25.00 JOANN
20220104000001890

Allen S. Bayl

