

Allen S. Bayl

20220209000057830
 02/09/2022 10:16:13 AM
 MISCINST 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

ALABAMA
Center for Health Statistics
ALABAMA CERTIFICATE OF DEATH State File Number **101 2021-31195**

| | | | | | | | |
|---|------------------------|--|--------------------|---|-----------------------------------|---|--|
| 1. DECEASED LEGAL NAME Omar Travis Woods Jr | | | | 2. DATE AND TIME OF DEATH Jun 20, 2021 1855 | | | |
| 3. ALIAS NAME (IF ANY) None Given | | | | 4. DATE AND TIME PRONOUNCED DEAD Jun 20, 2021 1855 | | | |
| 5. COUNTY OF DEATH Jefferson | | 6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE Birmingham, 35243 | | 7. PLACE OF DEATH Grandview Medical Center | | | |
| 8. SEX Male | | 9. LAST NAME PRIOR TO FIRST MARRIAGE | | | 10. SERVED IN ARMED FORCES Yes | | |
| 11. AGE 76 | UNDER 1 YEAR MONTHS | DAYS | UNDER 1 DAY HRS | MINS | 12. DATE OF BIRTH Aug 31, 1944 | | 13. BIRTHPLACE (State or Foreign Country) Tennessee |
| 14. SOCIAL SECURITY NUMBER | | 15. MARITAL STATUS Widowed | | | | 16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE | |
| 17. RESIDENCE STATE Alabama | | 18. RESIDENCE COUNTY Shelby | | 19. CITY, TOWN OR LOCATION AND ZIP CODE Birmingham, 35242 | | 20. STREET ADDRESS 5143 Colonial Park Road | |
| 21. INFORMANT NAME, RELATIONSHIP AND ADDRESS Joshua Mosley, Son, 17031 Blue Ridge Place, Bradenton, FL 34211 | | | | | | | |
| 22. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE Omar Woods | | | | 23. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE Cora Williams | | | |
| 24. DISPOSITION OF BODY Cremation | | 25. CEMETERY OR CREMATORY Randall Miller Funeral Serv | | 26. LOCATION Selma, Alabama | | | |
| 27. DATE OF DISPOSITION Jun 30, 2021 | | 28. FUNERAL DIRECTOR OR OTHER AGENT Earkiyah King | | 29. LICENSE NUMBER 05858 | | 30. DATE SIGNED Jul 2, 2021 | |
| 31. FUNERAL HOME NAME AND ADDRESS Ross-Clayton Funeral Home, 1412 Adams Ave, Montgomery, AL 36104 | | | | | | 32. LICENSE NUMBER | |
| 33. MEDICAL CERTIFICATION: Certifying Physician | | | | | | | |
| 34. NAME Thomas Mathew MD | | | | 35. LICENSE NUMBER 34593 | | 36. DATE SIGNED Jul 2, 2021 | |
| 37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 3690 Grandview Pkwy, Birmingham, Alabama 35243 | | | | | | | |
| 38. REGISTRAR Nicole Henderson Rushing | | | | | | 39. DATE FILED Jul 5, 2021 | |

CAUSE OF DEATH

| | | | | | | | | |
|---|---------------------------------------|----------------------------------|------------------------|-------------------|---------------------------------------|----------------------|-------------------------|---|
| 40. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH | | | | | | | INTERVAL | |
| IMMEDIATE CAUSE | A. Cardiopulmonary Respiratory Arrest | | | | | | Unknown | |
| | DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | |
| | UNDERLYING CAUSE | B. Pulmonary Embolism | | | | | Unknown | |
| | | DUE TO (OR AS A CONSEQUENCE OF): | | | | | | |
| C. Systolic Heart Failure | | | | | Unknown | | | |
| DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | |
| D. Urinary Tract Infection | | | | | Unknown | | | |
| 41. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH | | | | | | | | |
| 42. MANNER OF DEATH Natural Causes | | 43. PREGNANT (IF FEMALE) | | 44. AUTOPSY No | 45. FINDINGS CONSIDERED | 46. TOXICOLOGY No | 47. FINDINGS CONSIDERED | 48. TOBACCO USE CONTRIBUTED TO DEATH Unknown |
| 49. HOW INJURY OCCURRED | | | | | | | | |
| 50. DATE AND TIME OF INJURY | | | 51. INJURY AT WORK | | 52. IF TRANSPORTATION INJURY, SPECIFY | | | |
| 53. PLACE OF INJURY | | | 54. LOCATION OF INJURY | | | | | |

ADPH HS E2/REV 01-21

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2021-320-246-1

July 6, 2021

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

ANY ALTERATIONS VOID THIS DOCUMENT