



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
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**ALABAMA**  
**Center for Health Statistics**  
**ALABAMA CERTIFICATE OF DEATH** State File Number **101 2015-47390**

|                                                                                                                                                                |                                                                       |                                                       |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|
| 1. DECEASED LEGAL NAME<br><b>James William Rogers</b>                                                                                                          |                                                                       | 2. DATE AND TIME OF DEATH<br><b>Dec 16, 2015 1758</b> |                                                           |
| 3. ALIAS NAME (IF ANY)<br><b>None Given</b>                                                                                                                    |                                                                       | 4. DATE AND TIME PRONOUNCED DEAD                      |                                                           |
| 5. COUNTY OF DEATH<br><b>Shelby</b>                                                                                                                            | 6. CITY, TOWN OR LOCATION OF DEATH AND ZIP<br><b>Alabaster, 35007</b> |                                                       | 7. PLACE OF DEATH<br><b>Shelby Baptist Medical Center</b> |
| 8. HISPANIC ORIGIN<br><b>No</b>                                                                                                                                | 9. RACE<br><b>White</b>                                               | 10. SEX<br><b>Male</b>                                | 11. SERVED IN ARMED FORCES<br><b>No</b>                   |
| 12. AGE<br><b>55</b>                                                                                                                                           | 13. DATE OF BIRTH<br><b>Jul 3, 1960</b>                               | 14. STATE OF BIRTH<br><b>Alabama</b>                  | 15. SOCIAL SECURITY NUMBER                                |
| 16. MARITAL STATUS<br><b>Married</b>                                                                                                                           | 17. SURVIVING SPOUSE<br><b>Wanda Elaine Powell</b>                    |                                                       | 18. RESIDENCE STATE<br><b>Alabama</b>                     |
| 19. RESIDENCE COUNTY<br><b>Shelby</b>                                                                                                                          | 20. CITY, TOWN OR LOCATION AND ZIP<br><b>Maylene, 35114</b>           | 21. STREET ADDRESS<br><b>150 Chinaberry Lane</b>      |                                                           |
| 22. INFORMANT NAME, RELATIONSHIP AND ADDRESS<br><b>Wanda Elaine Rogers, Relationship: Wife<br/>150 Chinaberry Lane Maylene, Alabama 35114</b>                  |                                                                       | 23. OCCUPATION<br><b>Painter</b>                      |                                                           |
|                                                                                                                                                                |                                                                       | 24. BUSINESS OR INDUSTRY<br><b>Painting Company</b>   |                                                           |
| 25. FATHER'S NAME<br><b>Billy James Rogers</b>                                                                                                                 |                                                                       | 26. MOTHER'S MAIDEN NAME<br><b>Opal Gardner</b>       |                                                           |
| 27. DISPOSITION OF BODY<br><b>Cremation</b>                                                                                                                    | 28. DATE OF DISPOSITION<br><b>Dec 18, 2015</b>                        | 29. CEMETERY OR CREMATORY<br><b>Charter Crematory</b> | 30. LOCATION<br><b>Calera, Alabama</b>                    |
| 31. FUNERAL HOME NAME AND ADDRESS<br><b>Charter Funeral Home and Crematory, 2521 U.S. Highway 31, Calera, AL 35040</b>                                         |                                                                       |                                                       | 32. LICENSE NUMBER                                        |
| 33. FUNERAL DIRECTOR<br><b>Lauriann Loveless</b>                                                                                                               |                                                                       | 34. LICENSE NUMBER<br><b>04831</b>                    | 35. DATE SIGNED<br><b>Dec 23, 2015</b>                    |
| 36. MEDICAL CERTIFICATION: <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER |                                                                       |                                                       |                                                           |
| 37. NAME<br><b>Joseph Allen Tubbs MD</b>                                                                                                                       |                                                                       | 38. LICENSE NUMBER<br><b>26218</b>                    | 39. DATE SIGNED<br><b>Dec 17, 2015</b>                    |
| 40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH<br><b>1000 First St North, Alabaster, Alabama 35007</b>                                                     |                                                                       |                                                       |                                                           |
| 41. REGISTRAR<br><b>Catherine Molchan Donald</b>                                                                                                               |                                                                       |                                                       | 42. DATE FILED<br><b>Dec 23, 2015</b>                     |

**CAUSE OF DEATH**

|                                                                   |                                                                     |                           |                         |
|-------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|-------------------------|
| 43. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH |                                                                     | INTERVAL                  |                         |
| IMMEDIATE CAUSE                                                   | A. <b>Ventricular Arrhythmia</b><br>DUE TO (OR AS A CONSEQUENCE OF) | Unknown                   |                         |
|                                                                   | B. <b>Heart Disease</b><br>DUE TO (OR AS A CONSEQUENCE OF)          | Unknown                   |                         |
| UNDERLYING CAUSE                                                  | C. <b></b><br>DUE TO (OR AS A CONSEQUENCE OF)                       |                           |                         |
|                                                                   | D. <b></b><br>DUE TO (OR AS A CONSEQUENCE OF)                       |                           |                         |
| 44. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH   |                                                                     |                           |                         |
| 45. MANNER OF DEATH<br><b>Natural Cause</b>                       | 46. PREGNANCY IN LAST 42 DAYS<br><b>No</b>                          | 47. AUTOPSY<br><b>Unk</b> | 48. FINDINGS CONSIDERED |
| 49. DATE AND TIME OF INJURY                                       |                                                                     |                           |                         |
| 50. HOW INJURY OCCURRED                                           |                                                                     |                           |                         |
| 51. INJURY AT WORK                                                | 52. PLACE OF INJURY                                                 | 53. LOCATION OF INJURY    |                         |

ADPH HS 02/REV 07-10

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2015-478-582-7

December 28, 2015

*Catherine M. Donald*  
Catherine Molchan Donald  
State Registrar of Vital Statistics