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

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

Helen H Holcomb
REGISTRAR

01/07/2004
DATE OF ISSUE

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

ALABAMA
CERTIFICATE OF DEATH

County File Number —

State File Number 101

1. DECEASED—NAME First: Mary Middle: Nell Last (Type last name all capitals): ABBOTT		2. DATE OF DEATH (Month, Day, Year): December 30, 2003	3. COUNTY OF DEATH: Talladega
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Sylacauga 35150	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): Coosa Valley Baptist Medical Center	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): ER	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: Female
11. AGE: 59 YRS	12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): October 31, 1944	14. DECEASED'S SOCIAL SECURITY NUMBER: 420-62-6571
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): 12 / College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married	17. SURVIVING SPOUSE (If wife, give maiden name): Louis Harold Abbott, Sr.	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: Vincent 35178
23. INSIDE CITY LIMITS (Specify Yes or No): Yes	24. STREET AND NUMBER: 240 West Highland	25. INFORMANT—Name and Address: Louis Harold Abbott, Sr. 240 West Highland, Vincent, AL 35178	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Cashier		27. KIND OF BUSINESS OR INDUSTRY: Hutchins Interprises	
28. FATHER—NAME First Middle Last: Elder Bunyon Hill		29. MAIDEN NAME OF MOTHER— First Middle Last: Imogene McAnalley	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial	31. DATE OF DISPOSITION (Month, Day, Year): Jan. 1,2004	32. CEMETERY OR CREMATORY—Name: Vincent Cemetery	33. LOCATION—(City or Town—State): Vincent, Alabama
34. FUNERAL HOME—Name and Address: Curtis and Son Funeral Home, Inc P.O. Box 282, Sylacauga, AL 35150		35. FUNERAL DIRECTOR—Signature: Shaddie Murphree	36. DATE SIGNED BY FUNERAL DIRECTOR: January 6, 2004
37 ✓ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." — Medical Examiner — Coroner "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: Lymun W. Fentz MD			38. DATE SIGNED (Month, Day, Year): 12/30/03
39. TIME AND DATE OF DEATH: 12/30/03 0017 hrs	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only):	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): Lymun W. Fentz, MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 315 W. Hickory Street, Sylacauga, AL. 35150			43. CERTIFIER LICENSE NUMBER: 11809
44 REGISTRAR— Signature: Deborah F. Thomas — For State or County use only			45. DATE FILED (Month, Day, Year): January 06, 2004

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.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. @ Ventricular Systole	
DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — b. Congestive heart failure	
DUE TO (OR AS A CONSEQUENCE OF):	
c.	
DUE TO (OR AS A CONSEQUENCE OF):	
d.	
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.)
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 I 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)	

NAME OF DECEASED

SSN

ANY ALTERATIONS VOID THIS DOCUMENT

BURIAL CERTIFIER

CAUSE

46. _____
49. _____
55. _____

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

ADPH HS 2 Rev. 11/93