Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
04/20/2022 03:58:30 PM
$22.00 CHARITY
20220420000162940

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04/20/2022 03:58:30 PM
CERTIFICATE 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

0002-041899

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

County File Number — State File Number 101

3. 037074
6. 114
19. 11
20. 059888
26. —
27. —
34. 37414

SSN: 259-36-4718

Walter McGahee 2002 36006

NAME OF DECEASED

46. —
49. —
55. Exc 12-27

DECEASED

1. DECEASED—NAME: First Walter; Middle Clyde; Last (Type last name all capitals) MEGAHEE, JR.		2. DATE OF DEATH (Month, Day, Year) December 7, 2002	3. COUNTY OF DEATH Jefferson
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35209	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) Brookwood Hospital	
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 Male
11. AGE 72 YRS.	12. UNDER 1 YEAR: MOS. / DAYS; UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year) July 4, 1930	14. DECEASED'S SOCIAL SECURITY NUMBER
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12): — College (1-4 or 5+): +4	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	17. SURVIVING SPOUSE (If wife, give maiden name) Dorothy Davis	18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes
19. STATE OF BIRTH (If not in USA, name country) Georgia	20. RESIDENCE—STATE Alabama	21. COUNTY Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE Birmingham 35242
23. INSIDE CITY LIMITS (Specify Yes or No) No	24. STREET AND NUMBER 262 Narrows Point Lane	25. INFORMANT—Name and Address Melanie Pendergrass 7018 Arbor Lane, Trussville, AL 35173	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Salesman		27. KIND OF BUSINESS OR INDUSTRY Mortgage Insurance	
28. FATHER—NAME: First Walter; Middle Clyde; Last McGahee, Sr.		29. MAIDEN NAME OF MOTHER: First Dorothy; Middle Elizabeth; Last Howard	

BURIAL

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	31. DATE OF DISPOSITION (Month, Day, Year) Dec 11, 2002	32. CEMETERY OR CREMATORY—Name Lawnwood Cemetery	33. LOCATION—(City or Town—State) Covington, GA
34. FUNERAL HOME—Name and Address Jefferson Memorial F.H. 1591 Gadsden Hwy, Birmingham, AL 35235		35. FUNERAL DIRECTOR—Signature Jerry H. Burke	36. DATE SIGNED BY FUNERAL DIRECTOR Dec 23, 2002

CERTIFIER

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: Ricky L. Phillips

38. DATE SIGNED (Month, Day, Year) 12-7-02

39. TIME AND DATE OF DEATH 1340 12-7-02	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) Ricky L. Phillips, M.D.	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 2010 Brookwood Medical Center Drive Birmingham, AL 35209			43. CERTIFIER LICENSE NUMBER 9483
44. REGISTRAR—Signature Sherry L Myers	For State or County use only		45. DATE FILED (Month, Day, Year) December 26, 2002

MEDICAL CERTIFICATION

CAUSE

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. ASPHYXIA	
DUE TO (OR AS A CONSEQUENCE OF): b. FOOD OBSTRUCTING AIRWAY	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. 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.) NO

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) ACCIDENT	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 M.	
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)	

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

JAN 0 2 2003

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2022-223-577-3

April 13, 2022

Nicole Henderson Rushing
State Registrar of Vital Statistics