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ALABAMA

Center for Health Statistics

ALABAMA

CERTIFICATE OF DEATH

0002-014432

State File Number 101

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 USE GREEN, RED, OR
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1. DECEASED - NAME EDWIN TYLER HAMMOND		2. DATE OF DEATH (Month, Day, Year) APRIL 29, 2002		3. COUNTY OF DEATH PICKENS	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE REFORM, ALABAMA 35481		6. RESIDE CITY LIMITS (Specify Yes or No) YES		5. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION - (If not in other, give street and number) SALEM NURSING & REHAB CENTER	
7. IF HOSPITAL (Specify Hospital, BR or Outpatient, DCA) NO		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	
11. AGE 87 YRS		13. DATE OF BIRTH (Month, Day, Year) SEPTEMBER 7, 1914		14. DECEASED'S SOCIAL SECURITY NUMBER 424-36-8517	
16. EDUCATION (Specify Primary, High School, Graduated, some postsecondary, etc.) Elementary of High School (8-12) 2		18. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) WIDOWED		17. SURVIVING SPOUSE (If wife, give maiden name) YES	
19. STATE OF BIRTH (If not in USA, name country) ALABAMA		20. RESIDENCE - STATE ALABAMA		21. COUNTY PICKENS	
23. RESIDE CITY LIMITS (Specify Yes or No) NO		24. STREET AND NUMBER 30385 HWY 17		25. INFORMANT - Name and Address WADE H. HAMMOND 30385 HWY 17 REFORM, AL35481	
26. USUAL OCCUPATION (Give kind of work done during most of working life when it retired) SELF EMPLOYED		27. KIND OF BUSINESS OR INDUSTRY FARMING			
28. FATHER - NAME PAT HAMMOND		29. MOTHER - NAME EMMA CURRY			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Organ, Other) BURIAL		31. DATE OF DISPOSITION (Month, Day, Year) MAY 1, 2002		32. CEMETERY OR CREMATORY - Name REBEHEL CEMETERY	
34. FUNERAL HOME - Name and Address P.O. BOX 550 REFORM, AL 35481		36. FUNERAL DIRECTOR - Signature <i>David J. Skelton</i>		35. DATE SIGNED BY FUNERAL DIRECTOR MAY 1, 2002	
37. Certifying Physician (Physician certifying cause of death) To the best of my knowledge death occurred at the time and place and date so indicated and manner stated. - Medical Examiner - Coroner Signature: <i>[Signature]</i>		38. DATE SIGNED (Month, Day, Year) 4/29/02		39. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 48) H. Lee Richardson MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 48) A. Lee Richardson MD P.O. Box 670 Reform AL		43. DATE FILED (Month, Day, Year) May 2 2002		44. REGISTRAR - Signature <i>Debra K. Belling</i>	

NAME OF DECEASED: Edwin Hammond

MEDICAL CERTIFICATION

48. PART 4. Enter one disease, injury, or complication 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) → death MF		
DUE TO (OR AS A CONSEQUENCE OF):		
Prostate CA metastasis		
DUE TO (OR AS A CONSEQUENCE OF):		
cardiac arrhythmia		
DUE TO (OR AS A CONSEQUENCE OF):		
47. PART 6. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1.		48. WAS THERE A PREGNANCY IN LAST 30 DAYS? (Specify Yes, No, or L.M.)
49. MANNER OF DEATH (Specify - Accidents, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)		50. HOURS OF DEATH (Specify Yes or No)
51. HOW INJURY OCCURRED (Enter nature of injury in form 48, Part 1 or Item 47, Part 6)		52. DATE OF INJURY (Month, Day, Year)
53. INJURY AT WORK (Specify Yes or No)		54. HOUR OF INJURY
55. PLACE OF INJURY - (Specify at home, farm, street, factory, office building, etc.)		56. 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.

MAY 6 9 2002

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2002-242-665-D

May 20, 2002

Dorothy S. Harshbarger
 Dorothy S. Harshbarger, State Registrar