

I, Claude Earl Fox, M.D., M.P.H., Acting State Registrar of Vital Statistics, certify this is a true and exact copy of the original certificate filed in the Bureau of Vital Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Bureau of Vital Statistics to be affixed.

*Claude Earl Fox*  
 Claude Earl Fox, M.D., M.P.H., Acting State Registrar

August 11, 1989

STATE OF ALABAMA  
 CERTIFICATE OF DEATH

State File Number 101

89-020214

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

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

MOTHER

FATHER

1. DECEASED—NAME First: Wilkie Middle: CLARK Last: (Print last name all capitals)			2. DATE OF DEATH (Month, Day, Year) 7-29-89		3. COUNTY OF DEATH Randolph	
4a. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Roanoke 36274			4b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		4c. PLACE OF DEATH 000 HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 217 Riley Street IF HOSPITAL (Check One) <input type="checkbox"/> Inpatient <input type="checkbox"/> DOA <input type="checkbox"/> ER or Outpatient	
5a. OF HISPANIC ORIGIN (Specify Yes or No) If yes, Specify Cuban, Mexican, Puerto Rican, etc. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			5b. RACE—American Indian, Black, White, etc.—Specify: 0 Black		5c. SEX 2 Male	
7a. AGE 69 Years			7b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		7c. UNDER 1 DAY HOURS MIN.	
8a. PLURALITY AT BIRTH <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Other (Specify)			8b. IF NOT SINGLE BIRTH—BORN <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other (Specify)		9. DECEASED'S SOCIAL SECURITY NUMBER 418-24-5002	
10. WAS DECEDENT EVER IN ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. DECEASED'S EDUCATION—Specify only highest grade completed. Elementary/Secondary (Circle) 11 (12) 1 2 3 4 5+		12. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
13. SURVIVING SPOUSE (If wife, give maiden name)			14. STATE OF BIRTH (If not in U.S.A., name country) Georgia (USA)		15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director/Mortician 018	
16. KIND OF BUSINESS OR INDUSTRY Funeral Industry 781			17a. RESIDENCE—STATE Alabama 056015		17b. COUNTY Randolph	
17c. CITY, TOWN, OR LOCATION AND ZIP Roanoke 36274			17d. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		17e. STREET AND NUMBER 217 Riley	
18. MOTHER—MAIDEN NAME First: Luella Middle: Baker Last:			19. DATE OF BIRTH		20. SOCIAL SECURITY NUMBER Unknown	
21. FATHER—NAME First: Charlie Middle: Clark Last:			22. DATE OF BIRTH		23. SOCIAL SECURITY NUMBER Unknown	
24. PHYSICIAN'S NAME (if any) Address: Donald Bennifield Wedowee, AL			25. INFORMANT—NAME Charlotte Clark-Frieson Address: 304 Riley Street Roanoke, AL.			

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
26. IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 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.			(a) CARBON MONOXIDE POISONING Due to, or as a consequence of:			
			(b) SMOKE INHALATION 8902 Due to, or as a consequence of:			
			(c) HOUSE FIRE OWN HOME			
27. PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in part 1 (a)			28a. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28b. IF YES were findings considered in determining cause of death <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2	
29. EXTERNAL CAUSES ONLY <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OTHER (Specify)			30a. WAS AN OPERATION PERFORMED During Last 28 Days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30b. REASON FOR OPERATION (Specify)	
31a. DATE OF INJURY (Month, Day, Year)			31b. HOUR		31c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 27)	
31d. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			31e. PLACE OF INJURY—At home, farm, street, factory, office bldg., etc. (Specify) 0		31f. LOCATION (Street or R.F.D. No., City or Town, State)	
32a. CERTIFIER (check only one) <input type="checkbox"/> Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner stated." <input checked="" type="checkbox"/> Medical Examiner/Coroner or Health Officer "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated."			32b. CERTIFIER LICENSE NUMBER		32c. CERTIFIER—PHYSICIAN, MEDICAL EXAMINER, CORONER OR HEALTH OFFICER (Type or Print Name)	
33a. CERTIFICATION PHYSICIAN I attended the Deceased from			33b. AND LAST SAW HIM/HER ALIVE ON (Mo., Day, Yr.)		33c. I did <input checked="" type="checkbox"/> did not view the body after death. <input type="checkbox"/> Did <input type="checkbox"/> Did Not	
33d. DEATH OCCURRED (HOUR)			33e. DEATH OCCURRED (M)		At the place, on the date, and to the best of my knowledge, due to the cause(s) stated.	
34a. CERTIFICATION—MEDICAL EXAMINER/CORONER OR HEALTH OFFICER Hour of Death: 1158P M.			34b. THE DECEASED WAS PRONOUNCED DEAD Month: July Day: 29 Year: 1989 Hour: 1055A M.		34c. CERTIFIER'S SIGNATURE Donald E. Bennifield	
35a. MAILING ADDRESS—CERTIFIER (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 348, Wedowee AL 36278			35b. CERTIFIER'S SIGNATURE Donald E. Bennifield		35d. DATE SIGNED (Month, Day, Year) Aug 3, 1989	
36. DISPOSITION OF BODY <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation			37a. CEMETERY OR CREMATORY—Name Mt. Bethel UMC 56401		37b. LOCATION Roanoke, Alabama	
37c. DATE OF DISPOSITION (Month, Day, Year) 8-2-89			37d. FUNERAL HOME—Name and Address (Street or R.F.D. No., City or Town, State, Zip) Clark Funeral Home 217 Riley St. Roanoke		37e. DATE SIGNED BY FUNERAL DIRECTOR 7-31-89	
37f. FUNERAL DIRECTOR—Signature <i>Amuel [Signature]</i>			38a. REGISTRAR—Signature <i>Ronnie J. Gross</i>		38b. DATE RECEIVED BY LOCAL REGISTRAR 08-03-89	

IF NO PHYSICIAN WAS IN ATTENDANCE, MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER OR CORONER.

CERTIFICATION

CLOSURE OF SOCIAL SECURITY NUMBER IS VOLUNTARY

BURIAL