

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

# ALABAMA CERTIFICATE OF DEATH

*Wm. J. Crandall*  
4029 E. Liverpool Rd.  
101 Lake Station 46405

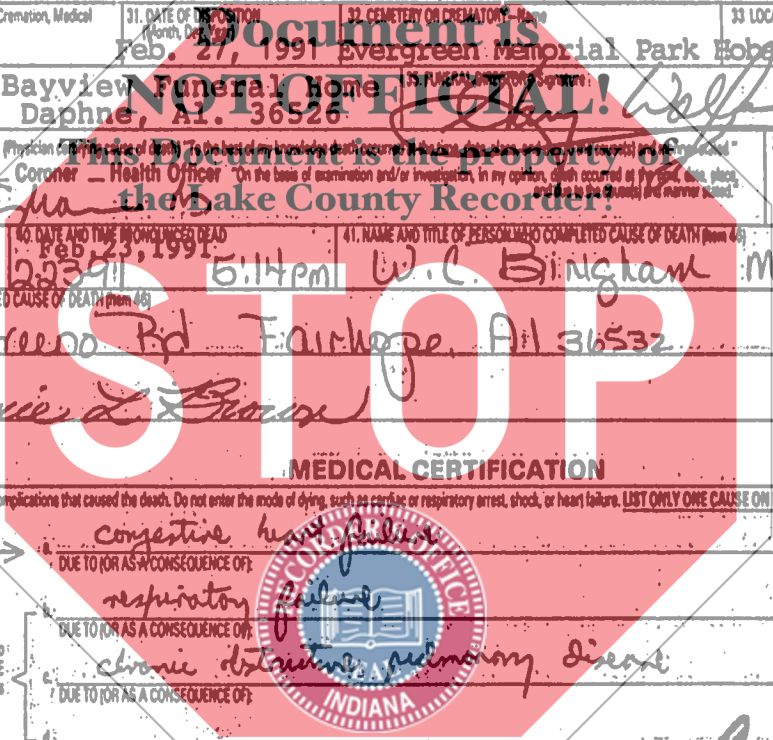
County File Number **91025617**

State File Number

3.	1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>Harry DeVere CRANDALL</b>		2. DATE OF DEATH (Month, Day, Year) <b>FEBRUARY 23, 1991</b>	3. COUNTY OF DEATH <b>Baldwin</b>
6.	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Fairhope 36532</b>		5. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>Thomas Hospital</b>
7.	7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) <b>Inpatient</b>		8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. <b>No</b>	9. RACE—(Specify American Indian, Black, White, etc.) <b>White</b>
10.	10. SEX <b>Male</b>			
11, 12.	11. AGE <b>69</b> yrs	12. UNDER 1 YEAR MONS. DAYS HOURS MINS.	13. DATE OF BIRTH (Month, Day, Year) <b>August 14, 1921</b>	14. DECEASED'S SOCIAL SECURITY NUMBER <b>330-12-4889</b>
15.	15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (9-12) College (1-4 or 5+) <b>12</b>	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>	17. SURVIVING SPOUSE (If wife, give maiden name) <b>Ann Repiscak</b>	18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>Yes</b>
19.	19. STATE OF BIRTH (If not in USA, name country) <b>Illinois</b>	20. RESIDENCE—STATE <b>Indiana</b>	21. COUNTY <b>Lake</b>	22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Lake Station 46405</b>
23.	23. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	24. STREET AND NUMBER <b>4029 E. Liverpool Road</b>	25. INFORMANT—Name and Address <b>Mr. DeVere Crandall 500 Oak Ridge Ct. E. Daphne, Al. 36526</b>	
26.	26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Machinist</b>		27. KIND OF BUSINESS OR INDUSTRY <b>Steel Mill</b>	
28.	28. FATHER—NAME First Middle Last <b>Herbert Crandall</b>	29. MOTHER—MAIDEN NAME First Middle Last <b>Malvina Delaine</b>	STATE OF INHERITANCE <b>Indiana</b>	
30.	30. DEPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>	31. DATE OF DISPOSITION (Month, Day, Year) <b>Feb. 27, 1991</b>	32. CEMETERY OR CREMATORY—Name <b>Evergreen Memorial Park</b>	33. LOCATION—(City, Town, State) <b>Robart, Indiana</b>
34.	34. FUNERAL HOME—Name and Address <b>Bayview Funeral Home 3201 Hwy. 98 Daphne, Al. 36526</b>		35. FUNERAL HOME'S SIGNATURE <i>[Signature]</i>	36. DATE SIGNED BY FUNERAL HOME <b>Feb. 23, 1991</b>
37.	37. Certifying Physician (Physician in the case of death) To the best of his knowledge and belief, the cause, date, place, and manner of death were as stated. Medical Examiner— <b>Coroner</b> Health Officer Signature: <i>[Signature]</i>		38. DATE SIGNED (Month, Day, Year) <b>Feb. 23, 1991</b>	
38.	38. TIME OF DEATH <b>5:14 pm</b>	39. NO. DATE AND TIME ANNOUNCED DEAD <b>2:30 pm Feb. 23, 1991</b>	40. TIME OF DEATH <b>5:14 pm</b>	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) <b>W.C. Bingham M.D.</b>
42.	42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) <b>306 S. Green Rd Fairhope, Al. 36532</b>		43. CERTIFIER LICENSE NUMBER <b>12189</b>	44. DATE FILED (Month, Day, Year) <b>March 5, 1991</b>
44.	44. REGISTRAR—Signature: <i>[Signature]</i>			

ADDRESS  
50-256-1  
LLOYDS DEEP  
RIVER SUB  
LOT 1 1968

NAME OF PHYSICIAN



STATE OF INHERITANCE  
LEAD RECORD  
RECORD  
FEBRUARY 23 1991  
4:03 PM '91

48. 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)	<b>congestive heart failure</b>
	<b>respiratory failure</b>
	<b>chronic obstructive pulmonary disease</b>
49. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	<b>cerebrovascular accident</b>
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	
48. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No) <b>NO</b>
52. HOW INJURY OCCURRED (Enter nature of injury in Item 48, Part I or Item 47, Part II)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No) <b>NO</b>
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)	

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

ADPH-F-HS 2/Nov. 1-81

I certify that this is a copy of a record that was tendered to Baldwin County Health Department on

March 5 1991

Signature Bonnie L Brown

Title Baldwin Co. Registrar

Date March 6, 1991

01488

