

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
 DIVISION OF HEALTH - VITAL REGISTRATION OFFICE
 PHYSICIAN'S/MEDICAL EXAMINER'S CERTIFICATE OF DEATH
 BLDG. 3, RM. 513, CAPITOL COMPLEX, CHARLESTON, WV 25305

005052

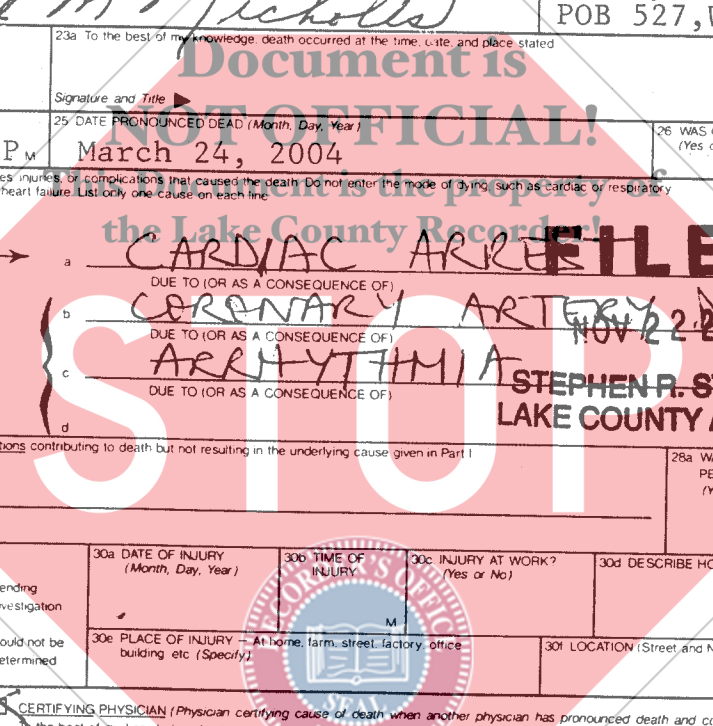
STATE FILE NUMBER

TYPE PRINT
 IN
 PERMANENT
 BLACK INK

NAME OF DECEDENT
 For use by physician or institution

1 DECEDENT'S NAME (First, Middle, Last) JEWELL LEE ALEXANDER				2 SEX M	3 DATE OF DEATH (Month, Day, Year) March 24, 2004	
4 SOCIAL SECURITY NUMBER 232-48-0115	5a AGE-Last Birthday (Years) 71	5b UNDER 1 YEAR Months: Days: Hours: Minutes:	5c UNDER 1 DAY Hours: Minutes:	6 DATE OF BIRTH (Month, Day, Year) 5-19-1932	7 BIRTHPLACE (City and State or Foreign Country) Belton, Ky.	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no) No		9a PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):				
9c FACILITY NAME (If not institution, give street and number) 136 Thompson St.			9c CITY, TOWN, OR LOCATION OF DEATH Colcord		9d COUNTY OF DEATH Raleigh	
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Flora E. Dillon	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Plant		12b KIND OF BUSINESS/INDUSTRY Kaiser Aluminum		
13a RESIDENCE—STATE WV	13b COUNTY Raleigh	13c CITY, TOWN, OR LOCATION Colcord		13d STREET AND NUMBER 136 Thompson St.		
13e INSIDE CITY LIMITS? (Yes or no) No	13f ZIP CODE 25048	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15 RACE—American Indian, Black, White, etc. (Specify) White	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary, Secondary (0-12) 8 College (1-4 or 5-1) 16B	
17 FATHER'S NAME (First, Middle, Last) L.C. Alexander			18 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Elba Fleming			
19a INFORMANT'S NAME (Type/Print) Flora E. Alexander			19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P. O. Box 216 - Dorothy, WV 25060			
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Estep Cemetery		20c LOCATION—City or Town, State Ameagle, WV		
21 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Paul M. Nicholls</i>			22 NAME AND ADDRESS OF FACILITY Valley Funeral Home, Inc. POB 527, Whitesville, WV 25209			
23a To the best of my knowledge, death occurred at the time, date, and place stated		Signature and Title <i>Stephen R. Stiglich</i> LAKE COUNTY AUDITOR		23b DATE SIGNED (Month, Day, Year) NOV 22 2004		
24 TIME OF DEATH 7:17 P.M.		25 DATE PRONOUNCED DEAD (Month, Day, Year) March 24, 2004		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) <input checked="" type="checkbox"/> No		
27 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.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → CARDIAC ARREST		a 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 CORONARY ARTERY DISEASE				
		c ARRHYTHMIA				
		d STEPHEN R. STIGLICH LAKE COUNTY AUDITOR				
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I						
28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)				
29 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be Determined		30a DATE OF INJURY (Month, Day, Year)	30b TIME OF INJURY	30c INJURY AT WORK? (Yes or No)	30d DESCRIBE HOW INJURY OCCURRED	
		30e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	30f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
31a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to 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 as stated <input type="checkbox"/> MEDICAL EXAMINER/CORONER 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 as stated						
31b SIGNATURE AND TITLE OF CERTIFIER <i>Ali Shams, MD</i>				31c DATE SIGNED (Month, Day, Year) 04/01/04		
32 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) Clear Fork Clinic, P.O. Box 147 Dorothy, WV 25060						
33 REGISTRAR'S SIGNATURE <i>Lana Shaffer</i>					34 DATE FILED (Month, Day, Year) 4-2-2004	

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 FILED FOR RECORD
 STATE OF WEST VIRGINIA
 LAKE COUNTY



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