

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

December 12, 1988

MEDICAL CERTIFICATE OF DEATH
STATE OF ALABAMA

M

22785

| | | | | |
|--|--------------------------|---|--|---|
| 1. NAME OF DEATH COUNTY Tallapoosa | | BEAT NO. | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Alabama b. COUNTY Tallapoosa | |
| 3. CITY, TOWN, OR LOCATION Alexander City | | c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | c. CITY, TOWN, OR LOCATION Alexander City | |
| 4. NAME OF HOSPITAL OR INSTITUTION Route 2 Box 193 | | e. LENGTH OF STAY IN 1b | d. STREET ADDRESS Route 2 Box 193 | |
| 5. NAME OF DECEASED (Type or print) John Bill Rainwater | | 4. DATE OF DEATH August 20, 1973 | | |
| 6. SEX Male | 4. COLOR OR RACE Cau. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-25-1913 | 9. AGE (In years last birthday) 59 |
| 10. USUAL OCCUPATION (Give kind of work done during most of working life) Textile | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Clay County, Alabama | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Wyatt U. Rainwater | | 14. MOTHER'S MAIDEN NAME Bera Stringfellow | 14a. NAME OF SURVIVING SPOUSE Maudie Rainwater | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? No | | 16. SOCIAL SECURITY NO. 417-03-1906 | 17. INFORMANT'S NAME Bobby J. Rainwater Address Morrow, Georgia | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>2 Prev. M.I. & C.V.A.</u> DUE TO (c) <u>Diabetes</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>1 mo & 7 yrs.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. (Probably) ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>1969</u> to <u>7-19-73</u> and last saw her him alive on <u>8-20-73</u> Death occurred at <u>ADD. 2:45 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE <i>L. A. Lawrence M.D.</i> | | 22b. ADDRESS <i>Clayton, Ala</i> | 22c. DATE SIGNED <u>8-23-73</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-21-73 | 23c. NAME OF CEMETERY OR CREMATORY Hillview Memorial Park | 23d. LOCATION (City, town, or county) (State) Alexander City, Alabama | |
| 24. FUNERAL DIRECTOR Adney's-Brown Service Funeral H. | | 25. DATE RECD. BY LOCAL REG. 8-29-73 | 26. REGISTRAR'S SIGNATURE <i>L. W. Wright</i> | |
| P.O. Box 46, Alexander City, Ala. 35010 | | | | |

MEDICAL CERTIFICATION