

# ALABAMA

## Center for Health Statistics

### ALABAMA CERTIFICATE OF DEATH

State  
File  
Number

101 2014-29609

|                                                                                                                                                                |                        |                                                             |                    |                                                     |                                         |                                                |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------|--------------------|-----------------------------------------------------|-----------------------------------------|------------------------------------------------|----------------------------------|
| 1. DECEASED LEGAL NAME<br>Kaye Marion Oliver                                                                                                                   |                        |                                                             |                    |                                                     |                                         | 2. DATE AND TIME OF DEATH<br>Aug 16, 2014 0825 |                                  |
| 3. ALIAS NAME (IF ANY)<br>None Given                                                                                                                           |                        |                                                             |                    |                                                     |                                         | 4. DATE AND TIME PRONOUNCED DEAD               |                                  |
| 5. COUNTY OF DEATH<br>Calhoun                                                                                                                                  |                        | 6. CITY, TOWN OR LOCATION OF DEATH AND ZIP<br>Oxford, 36203 |                    |                                                     | 7. PLACE OF DEATH<br>59 Ashmaline Lane  |                                                |                                  |
| 8. HISPANIC ORIGIN<br>No                                                                                                                                       |                        |                                                             | 9. RACE<br>White   |                                                     | 10. SEX<br>Female                       |                                                | 11. SERVED IN ARMED FORCES<br>No |
| 12. AGE<br>80                                                                                                                                                  | UNDER 1 YEAR<br>MONTHS | DAYS                                                        | UNDER 1 DAY<br>HRS | MINS                                                | 13. DATE OF BIRTH<br>Aug 15, 1934       |                                                | 14. STATE OF BIRTH<br>Tennessee  |
| 15. SOCIAL SECURITY NUMBER<br>239-50-7250                                                                                                                      |                        |                                                             |                    |                                                     |                                         | 16. MARITAL STATUS<br>Widowed                  |                                  |
| 17. SURVIVING SPOUSE                                                                                                                                           |                        |                                                             |                    |                                                     |                                         | 18. RESIDENCE STATE<br>Alabama                 |                                  |
| 19. RESIDENCE COUNTY<br>Calhoun                                                                                                                                |                        | 20. CITY, TOWN OR LOCATION AND ZIP<br>Oxford, 36203         |                    |                                                     | 21. STREET ADDRESS<br>59 Ashmaline Lane |                                                |                                  |
| 22. INFORMANT NAME, RELATIONSHIP AND ADDRESS<br>Kenneth Travis Oliver, Relationship: Son<br>337 Sunrose Lane Cibolo, Texas 78108                               |                        |                                                             |                    |                                                     |                                         | 23. OCCUPATION<br>Homemaker                    |                                  |
|                                                                                                                                                                |                        |                                                             |                    |                                                     |                                         | 24. BUSINESS OR INDUSTRY<br>Domestic           |                                  |
| 25. FATHER'S NAME<br>Hillard McCabe Green                                                                                                                      |                        |                                                             |                    | 26. MOTHER'S MAIDEN NAME<br>Eura Mae Higginbotham   |                                         |                                                |                                  |
| 27. DISPOSITION OF BODY<br>Cremation                                                                                                                           |                        | 28. DATE OF DISPOSITION<br>Aug 23, 2014                     |                    | 29. CEMETERY OR CREMATORY<br>John Ridouts Crematory |                                         | 30. LOCATION<br>Birmingham, Alabama            |                                  |
| 31. FUNERAL HOME NAME AND ADDRESS<br>Gray Brown Service Mortuary, P O Box 1808, Anniston, AL 36202                                                             |                        |                                                             |                    |                                                     |                                         | 32. LICENSE NUMBER                             |                                  |
| 33. FUNERAL DIRECTOR<br>Martin Winters                                                                                                                         |                        |                                                             |                    |                                                     | 34. LICENSE NUMBER                      |                                                | 35. DATE SIGNED<br>Aug 25, 2014  |
| 36. MEDICAL CERTIFICATION: <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER |                        |                                                             |                    |                                                     |                                         |                                                |                                  |
| 37. NAME<br>Louis L DiValentin MD                                                                                                                              |                        |                                                             |                    |                                                     | 38. LICENSE NUMBER<br>20638             |                                                | 39. DATE SIGNED<br>Aug 19, 2014  |
| 40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH<br>1010 Christine Ave, Anniston, Alabama 36201                                                              |                        |                                                             |                    |                                                     |                                         |                                                |                                  |
| 41. REGISTRAR<br>Catherine Molchan Donald                                                                                                                      |                        |                                                             |                    |                                                     |                                         | 42. DATE FILED<br>Aug 25, 2014                 |                                  |

### CAUSE OF DEATH

|                                                                   |  |                                     |  |                   |                         |          |                             |
|-------------------------------------------------------------------|--|-------------------------------------|--|-------------------|-------------------------|----------|-----------------------------|
| 43. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH |  |                                     |  |                   |                         | INTERVAL |                             |
| IMMEDIATE CAUSE                                                   |  | A. Rectal Cancer                    |  |                   |                         | Unknown  |                             |
|                                                                   |  | DUE TO (OR AS A CONSEQUENCE OF):    |  |                   |                         |          |                             |
| UNDERLYING CAUSE                                                  |  | B. _____                            |  |                   |                         |          |                             |
|                                                                   |  | DUE TO (OR AS A CONSEQUENCE OF):    |  |                   |                         |          |                             |
|                                                                   |  | C. _____                            |  |                   |                         |          |                             |
|                                                                   |  | DUE TO (OR AS A CONSEQUENCE OF):    |  |                   |                         |          |                             |
|                                                                   |  | D. _____                            |  |                   |                         |          |                             |
| 44. PART II. OTHER SIGNIFICANT CONDITONS CONTRIBUTING TO DEATH    |  |                                     |  |                   |                         |          |                             |
| 45. MANNER OF DEATH<br>Natural Cause                              |  | 46. PREGNANCY IN LAST 42 DAYS<br>No |  | 47. AUTOPSY<br>No | 48. FINDINGS CONSIDERED |          | 49. DATE AND TIME OF INJURY |
| 50. HOW INJURY OCCURRED                                           |  |                                     |  |                   |                         |          |                             |
| 51. INJURY AT WORK                                                |  | 52. PLACE OF INJURY                 |  |                   | 53. LOCATION OF INJURY  |          |                             |

ADPH HS E2/REV 07-10

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2014-360-923-5

August 26, 2014

*Catherine M. Donald*  
Catherine Molchan Donald  
State Registrar of Vital Statistics