This is a true and exact copy of the record on file with the Baldwin County Health Department.

Amelia H. Adams
BALDWIN COUNTY REGISTRAR

Dec. 16, 1993
DATE OF ISSUE

ALABAMA

CERTIFICATE OF DEATH

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

County File Number —

State File Number 101

DECEASED

1. DECEASED—NAME (First, Middle, Last (Type last name all capitals)): Richard Eugene UNDERWOOD Sr.
2. DATE OF DEATH (Month, Day, Year): December 6, 1993
3. COUNTY OF DEATH: Baldwin
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Foley 36535
5. INSIDE CITY LIMITS (Specify Yes or No): Yes
6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): 420 W. Fern Avenue
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA):
8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.: No
9. RACE—(Specify American Indian, Black, White, etc.): White
10. SEX: Male
11. AGE: 61 YRS.
12. UNDER 1 YEAR: MOS. / DAYS
UNDER 1 DAY: HOURS / MINS.
13. DATE OF BIRTH (Month, Day, Year): March 24, 1932
14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): 12 / College (1-4 or 5+):
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married
17. SURVIVING SPOUSE (If wife, give maiden name): Rita Marie McCarthy
18. Was Decedent ever in Armed Forces (Specify Yes or No): Yes
19. STATE OF BIRTH (If not in USA, name country): Alabama
20. RESIDENCE—STATE: Alabama
21. COUNTY: Baldwin
22. CITY, TOWN, OR LOCATION AND ZIP CODE: Foley 36535
23. INSIDE CITY LIMITS (Specify Yes or No): Yes
24. STREET AND NUMBER: 503 No. Hickory
25. INFORMANT—Name and Address: Mrs. Rita M. Underwood 503 No. Hickory Foley, Al. 36535
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): FARMER
27. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

PARENTS

28. FATHER—NAME (First, Middle, Last): Louis Vaughn Underwood
29. MOTHER—MAIDEN NAME (First, Middle, Last): Laura Wilma Lee

BURIAL

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial
31. DATE OF DISPOSITION (Month, Day, Year): Dec. 9, 1993
32. CEMETERY OR CREMATORY—Name: St. Peter's Cemetery
33. LOCATION—(City or Town—State): Bon Secour, Alabama
34. FUNERAL HOME—Name and Address: Bayview Funeral Home 2551 S. McKenzie St. Foley, Al. 36535
35. FUNERAL DIRECTOR—Signature: Gary Simms
36. DATE SIGNED BY FUNERAL DIRECTOR: Dec. 8, 1993

CERTIFIER

37. ___ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time, date, place, and due to the cause(s) and manner stated." ___ Medical Examiner XX Coroner ___ Health Officer "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated."
Signature: Huey A. Mack
38. DATE SIGNED (Month, Day, Year): December 13, 199

ADDRESS

39. TIME OF DEATH: Unknown
40. DATE AND TIME PRONOUNCED DEAD: 10:24 A.M. Dec. 6, 1993
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): Coroner Huey A. Mack
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): P O Box 656 Robertsdale, AL 36567
43. CERTIFIER LICENSE NUMBER:

REGISTRAR

44. REGISTRAR— Signature: Amelia H. Adams
For State or County use only
45. DATE FILED (Month, Day, Year): Dec 16, 1993

MEDICAL CERTIFICATION

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

CAUSE

NAME OF PHYSICIAN

46. 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) → a. Blunt Force Injury to Head and Chest
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause): Accident
50. AUTOPSY (Specify Yes or No): Yes
51. If yes, were findings considered in determining cause of death? (Specify Yes or No): Yes
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II): Hit by falling tree
53. DATE OF INJURY (Month, Day, Year): December 6, 1993
54. HOUR OF INJURY: 9:55 A.M.
55. INJURY AT WORK (Specify Yes or No): Yes
56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.): residential yard
57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State): 420 W. Fern Avenue Foley, AL 36535

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

ADPH-F-HS 2/Rev. 4-