THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ALABAMA
Center for Health Statistics

LS 110

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

ALABAMA
CERTIFICATE OF DEATH

County File Number — State File Number 101 07-20195

3. 037020 213
6. 33
19. 033020
20.
26.
27.
34. 31476

SSN: 290-09-7080

NAME OF DECEASED Mary Buesechen

1. DECEASED—NAME (First, Middle, Last (Type last name all capitals))		2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Mary Joslyn BUESCHEN		May 29, 2007	Jefferson
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)	
Birmingham 35205	yes	Hanover Health and Rehab	
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.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
	no	white	female

DECEASED

11. AGE	12. UNDER 1 YEAR: MOS.	DAYS	UNDER 1 DAY: HOURS	MINS.	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
95 YRS.					October 20, 1911	290 09 7080

15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) / College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
12	widowed		no

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
New York	Alabama	Jefferson	Birmingham 35205
23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address	
yes	39 Hanover Circle So.	Dr. Anton Bueschen 3312 Pine Ridge Road B'ham, AL 35213	
26. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		27. KIND OF BUSINESS OR INDUSTRY	
Homemaker		Own home	
28. FATHER—NAME (First, Middle, Last)		29. MAIDEN NAME OF MOTHER— (First, Middle, Last)	
Frank Joslyn		Mary Brannan	

BURIAL

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
cremation	May 31, 2007	Johns-Ridout's	B'ham, AL
34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature		36. DATE SIGNED BY FUNERAL DIRECTOR
Johns-Ridout's 2116 Univ. Blvd B'ham, AL 35233	Tina Skipper		June 20, 2007

CERTIFIER

37. ☑ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." ☐ Medical Examiner ☐ Coroner "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: [signature] — 38. DATE SIGNED (Month, Day, Year): 05/30/2007

39. TIME AND DATE OF DEATH	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	
5-29-07 9:45 PM		[illegible] M.D.	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)			43. CERTIFIER LICENSE NUMBER
Suite 204, 2000 16th AVE S. Birmingham AL 35205			16685

44. REGISTRAR— Signature: Sherry L Myers — For State or County use only — 45. DATE FILED (Month, Day, Year): June 21, 2007

MEDICAL CERTIFICATION

CAUSE

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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Stroke		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. Dementia	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	
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)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)	
Natural Cause	No		
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)	53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY	
			M.
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)	

49.
55.

GT

This is a legal record and must be filed within five (5) days after death. JUN 25 2007

ADPH-HS 2/Rev. 11-93

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2008-148-970-4

February 8, 2008

Dorothy S. Harshbarger, State Registrar