

*CALL SAM BRIDGEMAN
for signs

Liddie — GAINES

USUAL RESIDENCE

Name of Deceased

State 7 County W
City 32464 Westville (Darlington) Inside ?
Mailing Address Rt 2 Box 350
Street Address Hwy 2
Time in Walton County _____

Ev Forces?
B. When
Social Security No. 262 34 7519 +
Beneficiary date of birth _____
Beneficiary SS# _____

PLACE OF DEATH

State ALA County GENEVA
Name of Hospital WIRESVASS Hosp.
Date of Death MAR.
Time of Death _____

Date of Funeral Thursday MAR. 21, 1985
Time of Funeral 3:00 p.m.
Place of Funeral Darlington BAPT
Minister Rev. R.M. McDaniel Notified _____

Married Widowed Never Married Divorced

Minister _____ Notified _____

Race W Hispanic?

Minister _____ Notified _____

Date of Birth JUNE 11, 1902

Music _____

Age 88 Birthplace Walton

Songs MATTHEW COMMANDELL

Usual Occupation Housewife

Business _____

Cemetery Limestone Cmt

Education Level 4th grade

Permission given by _____

Name of Spouse _____

If raining, do we go? _____

Maiden name if wife

Pallbearers 6 - Family

Date of Marriage _____

Father's Name EVERGUS

Mother's maiden name ELLIE ADDISON

Informant EULA TOOLE

Address Rt 2 Box 350 West. 32464

Phone No. 859-2636

Physician Dr. Miller (WIRESVASS)

Address _____

Church Affiliation Darlington BAPT Ch.

Fraternities Affiliation _____

* 4 c.c.
CALL 859-2636

House 1494 2

SURVIVORS

~~Spouse~~ _____

Father _____

Mother _____

Grandparents _____

1 Daughters EULA TOOLEY - DAUGHTON

Sons: _____

2 Sisters TESSIE COOK - GEORGEA, ALA
ETTA SMITH - LEONIA

Brothers _____

Grandchildren (No) 12

G. Grandchildren (No) 24

G G Grand 8

Meet Family HOUSE

Time 2:20

Family Phone 255-263

Start Repose F TAKE Ho Fri _____

Pass?

Cards Pull _____ Leave

Mark Grave _____ Time _____

Grave Marker Yes No _____

Call Rustins Up Down _____

Call Escort EL Ruth _____

Call Wynell _____ Florist _____

Obits: Local Pens FW Other _____

Discharge Papers: _____

Have _____ Need _____

Personal Effects Returned _____

To _____

Hair Style _____

Facial Hairs: Pull Leave _____

Clothing: Have Need _____

Jewelry: pin Leave Pull _____

Glasses: Use Leave

Tissue Builder? Use _____

Permit Filed _____

Doctor have DC? _____

SS filed _____

DC filed at HD _____

No of CC's _____

CC's sent to _____

VA Filed _____

Casket Used _____

Vault Used _____

Casket Reordered _____



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

ALABAMA

CERTIFICATE OF DEATH

County
File
Number —

State File Number **101**

36340

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3. _____			1. DECEASED—NAME First Middle Last (Type last name all capitals)			2. DATE OF DEATH (Month, Day, Year)			3. COUNTY OF DEATH		
6. _____			Liddie GATNEY			March 19, 1991			Geneva		
7. _____			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)		
8. _____			Geneva 36340			Yes			Wiregrass Hospital		
9. _____			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. _____			Inpatient			No			White		
11. _____			11. AGE			12. UNDER 1 YEAR			13. DATE OF BIRTH (Month, Day, Year)		
12. _____			88 YRS.			June 11, 1902			14. DECEASED'S SOCIAL SECURITY NUMBER		
15. _____			15. EDUCATION (Specify ONLY highest grade completed below)			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)			17. SURVIVING SPOUSE (If wife, give maiden name)		
16. _____			4			Widowed			18. Was Decedent ever in Armed Forces (Specify Yes or No)		
19. _____			19. STATE OF BIRTH (If not in USA, name country)			20. RESIDENCE—STATE			21. COUNTY		
20. _____			Florida			Florida			Walton		
26. _____			23. INSIDE CITY LIMITS (Specify Yes or No)			24. STREET AND NUMBER			25. INFORMANT—Name and Address		
27. _____			No			Rt. 2 Box 350			Eula Toolles Rt. 2 Box 350, Westville, Florida 32464		
30. _____			26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)			27. KIND OF BUSINESS OR INDUSTRY					
31. _____			Housewife			Own Home					
32. _____			28. FATHER—NAME First Middle Last			29. MOTHER—MAIDEN NAME First Middle Last					
33. _____			Unknown Griggs			Ellie Adkinson					
34. _____			30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)			31. DATE OF DISPOSITION (Month, Day, Year)			32. CEMETERY OR CREMATORY—Name		
35. _____			Burial			March 21, 1991			Limestone Cemetaery		
36. _____			34. FUNERAL HOME—Name and Address			35. FUNERAL DIRECTOR—Signature			36. DATE SIGNED BY FUNERAL DIRECTOR		
37. _____			Comander Funeral Home						March 20/91		
38. _____			37. <input checked="" type="checkbox"/> 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."			38. DATE SIGNED (Month, Day, Year)					
39. _____			— Medical Examiner — 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:					
40. _____			39. TIME OF DEATH			40. DATE AND TIME PRONOUNCED DEAD			41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)		
41. _____			6:30 A.M.			Mar. 19, 1991, 6:30A.M.			J.C. Miller, M.D.		
42. _____			42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)			43. CERTIFIER LICENSE NUMBER					
43. _____			708 W. Maple Ave. Geneva, Alabama 36340			4363					
44. _____			44. REGISTRAR—Signature			45. DATE FILED (Month, Day, Year)					

MEDICAL CERTIFICATION

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. <u>LIST ONLY ONE CAUSE ON EACH LINE.</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiac Arrest			1 year		
b. ASHCVD & CHF, CVI					
c. _____					
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.)		
None			No		
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)			50. AUTOPSY (Specify Yes or No)		
Natural causes			No		
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)			51. If yes, were findings considered in determining cause of death? (Specify Yes or No)		
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)		

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

ADDRESS 708 W. Maple Ave., Geneva, Alabama 36340

J.C. Miller, M.D.

COMANDER FUNERAL HOME

OBITUARY

Mrs Liddie Gainey

Mrs. Liddie Gainey, age 88, of the Darlington Community in Walton County, died early Tuesday morning in a Geneva, Alabama hospital. Mrs. Gainey was a native and lifelong resident of Walton County, and a member of the Darlington Baptist Church.

Survivors include her Daughter, Mrs. Eula Tooles of Darlington; Two Sisters, Tessie Cook of Geneva, Ala and Etta Smith of Leonia, Fla. 12 Grandchildren, 24 Great Grandchildren and 8 Great Great Grandchildren also survive Mrs. Gainey.

Services will be Thursday at 3:00 P.M. in the Darlington Baptist Church with Rev. R. M. McDaniel officiating. Burial will follow in the Limestone Cemetery.

Friends may call at the family home on Wednesday after 3:00 P.M. Comander Funeral Home in charge of arrangements for Mrs. Liddie Gainey.