

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027272

FILED VS AUG 9 1960 / 46

Registration District No. _____ Primary Registration District No. 3026 Registrar's No. 373

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE TENNESSEE b. COUNTY _____					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		Length of stay in 1b 10 WKS		c. CITY OR TOWN CLARKSVILLE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SANITARIUM			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First WILKIE Middle W. Last MC CARROLL			4. DATE OF DEATH Month August Day 2 Year 1960						
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-3-83	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or county) MONTGOMERY Co. TENN.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME FRESLEY WILLIAMS			13b. MOTHER'S MAIDEN NAME MARY JANE SHAW			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT R. L. MC CARROLL Address INDEPENDENCE, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion & Edema DUE TO (b) Interstitial Cerebral hemorrhage DUE TO (c) Gen. Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m. _____	Month, Day, Year								
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 bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at 11:05p. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) James S. Bridgman MD				22b. ADDRESS 1509 W Truman Rd, Indy			22c. DATE SIGNED 3 Aug 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 8-3-60	23c. NAME OF CEMETERY OR CREMATORY Antioch CEMETERY		23d. LOCATION (City, town, or county) (State) CLARKSVILLE, TENN.				
24. FUNERAL DIRECTOR ROLAND R. SPEAKS ADDRESS INDEP. Mo.			25. DATE RECD. BY LOCAL REG. 8-3-60		26. REGISTAR'S SIGNATURE James S. Bridgman				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Indep. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.