

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027590

ED VS JUL 28 1960

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 128

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Tenn.</u> b. COUNTY <u>Davidson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u>		Length of stay in 1b <u>10 Hrs.</u>	c. CITY OR TOWN <u>Old Hickory</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Samaritan Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1505 Bryant.</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Patrick Reed</u>			4. DATE OF DEATH Month Day Year <u>July 9, 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/17/1893</u>	9. AGE (last birthday) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>McQuaney, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alex Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Leora Reed</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>408-08-5377</u>	17. INFORMANT Address <u>Leora Reed Old Hickory Tenn.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Acute Pericardial effusion</u>					<u>8 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
DUE TO (b) <u>Crushing chest injuries</u>					<u>8 hours</u>	
DUE TO (c) <u>Automobile accident</u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Patient was crushed under overturned car</u>			
20c. TIME OF INJURY <u>11:30</u> Hour a.m.	Month, Day, Year <u>7/7/1960</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>Near Bevier, Mo. Macon Mo.</u>		COUNTY STATE	
21. I attended the deceased from <u>12 Noon to 8:45 PM</u> on <u>July 9, 1960</u> and last saw him alive on <u>July 9 1 1960</u> Death occurred at <u>8:35 P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>[Signature]</u>			22b. ADDRESS <u>Bevier Mo.</u>		22c. DATE SIGNED <u>19 July 60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 13, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Spring Hill Cem. Nashville, Tenn</u>		23d. LOCATION (City, town, or county) <u>(State)</u>		
24. FUNERAL DIRECTOR <u>Phillips-Robison Nashville Tenn.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>7/20/60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 15 1980

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Marion

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.