

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER (OR CORONER, IF HELD COMPLETELY SIGNIFICATION OF SIGNATURE NOT BE

CAUSE OF DEATH. ENTER ONE CAUSE A. B. C. IF MORE THAN ONE MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

FORM 120

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

53-14799

BIRTH NO.

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

1. NAME

Asaron Luther Barnes

DATE OF DEATH July 7 1953

3. COLOR OR RACE

W

4. SEX

M

5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)

Widowed

6. DATE OF BIRTH

July 9 1877

7. AGE (IN YEARS LAST BIRTHDAY)

75

8. IF UNDER 1 YR. MONTHS

9. IF UNDER 24 HRS. HOURS MIN.

8. PLACE OF DEATH

A. COUNTY

Benton

B. CIVIL DISTRICT

14

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Institution Before Admission)

A. STATE Tenn B. COUNTY Benton C. CIVIL DISTRICT 14

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Rural

D. LENGTH OF STAY IN THE PLACE

Life

D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Haeccaday, Rural

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location)

E. STREET (IF RURAL, GIVE LOCATION) ADDRESS

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

11. SOCIAL SECURITY NUMBER

None

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN

IF YES, GIVE WAR AND DATES OF SERVICE

13. BIRTHPLACE (State or Foreign Country)

Tenn

14. CITIZEN OF WHAT COUNTRY?

15. FATHER'S NAME

James H. Barnes

16. MOTHER'S MAIDEN NAME

Angelie Lewis

17. INFORMANT

Mrs Lois Baker Haeccaday

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*

(A) Cerebral Hemorrhage 443 331 5 days

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardiovascular Disease 15 yrs.

2. OTHER SIGNIFICANT CONDITIONS OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20A. AUTOPSY

YES  NO

20B. FINDINGS AT AUTOPSY

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Build'g, etc.)

21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

21D. TIME OF INJURY MONTH DAY YEAR HOUR

21E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR? RECEIVED

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE L. Horton

M.D. OTHER (SPECIFY)

ADDRESS Haeccaday, Tenn DATE 7/30/53

23A. BURIAL, CREMATION, REINTERMENT (SPECIFY)

Burial

23B. DATE OF BURIAL, CREMATION, OR REINTERMENT

2 8 53

23C. NAME OF Cemetery or Crematory

Liberty

23D. LOCATION CITY, TOWN OR COUNTY STATE

Haeccaday Tenn

24. FUNERAL DIRECTOR ADDRESS

Stockdale - Malin Camden

25. REGISTRAR'S DIST. NO.

403 14

26. DATE SIGNED BY LOCAL REG.

8-3-53

27. REGISTRAR'S SIGNATURE

Corene Rowland