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DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

55-05905

BIRTH NO. _____ COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. _____
1. NAME **Clell Ione Nolen** 2. DATE OF DEATH **March 21, 1955**

3. COLOR OR RACE **White** 4. SEX **Female** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** 6. DATE OF BIRTH **Feb. 18, 1919** 7. AGE (IN YEARS LAST BIRTHDAY) **36** 8. IF UNDER 1 YR. MONTHS **1** DAYS **3** 9. IF UNDER 24 HRS. HOURS _____ MINS. _____

8. PLACE OF DEATH
A. COUNTY **Madison** B. CIVIL DISTRICT **5th** 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)
A. STATE **Tenn.** B. COUNTY **Madison** C. CIVIL DISTRICT **5**
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Jackson** D. LENGTH OF STAY IN THIS PLACE **4 yrs.** D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Jackson**

E. NAME OF HOSPITAL (If not in Hospital or Institution, Give Street Address and Location) **Jackson-Madison County General Hospital** E. STREET (IF RURAL, GIVE LOCATION) ADDRESS **828 East College Street**

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **Housewife** 10B. KIND OF BUSINESS OR INDUSTRY _____ 11. SOCIAL SECURITY NUMBER _____

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN **No** IF YES, GIVE WAR AND DATES OF SERVICE _____ 13. BIRTHPLACE (State or Foreign Country) **Carroll County, Tenn.** 14. CITIZEN OF WHAT COUNTRY? **U.S.A.**

15. FATHER'S NAME **Clint Butler** 16. MOTHER'S MAIDEN NAME **Lou Genie Bond** 17. INFORMANT ADDRESS **Gaither Nolen, 828 E. College, Jackson**

MEDICAL CERTIFICATION
18. CAUSE OF DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) **Cancer of Breast - intra generalized metastatic** INTERVAL BETWEEN ONSET AND DEATH **170**
ANTECEDENT CAUSES **Melastatin**
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____
2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH _____

19A. DATE OF OPERATION **2/25-19/55** 19B. MAJOR FINDINGS OF OPERATION **Carcinoma Breast - Metastatic Ca** 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY **Normal**

21A. ACCIDENT, SUICIDE, HOMICIDE (SPECIFY) _____ 21B. PLACE OF INJURY (If or About Home, Farm, Factory, Street, Office, Hotel's, etc.) _____ 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE **ADR 11 1955**

21D. TIME OF INJURY MONTH DAY YEAR HOUR _____ 21E. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21F. HOW DID INJURY OCCUR? _____

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE *[Signature]* M.D. OTHER (SPECIFY) _____ ADDRESS **Jackson, Tenn** DATE **3/28/55**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **March 23, 1955** 23C. NAME OF Cemetery or Crematory **Oak Grove** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Buena Vista, Tennessee**

24. FUNERAL DIRECTOR ADDRESS **Smith Funeral Home, Jackson, Tenn.** 25. REGISTRATION DIST. NO. **25705** 26. DATE SIGNED BY **4-3-55** 27. REGISTRAR'S SIGNATURE **Mr. J. Beck, Dep**

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 INQUEST WAS HELD) MUST COMPLETE AND SIGN MEDICAL CERTIFICATION. SIGNATURE, POSITION, NATURE, DELEGATED

CAUSE OF DEATH ENTER CAUSE A, B, C, NOT M, DYING HEART, THEN MEANS INJURY, CATASTROPHIC CAUSE OF 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.