

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN ATTEND STATE DEATH MEDICAL CERTIFICATION. SIGNATURE OF PHYSICIAN. SIGNATURE OF DELEGATE.

CAUSE OF DEATH. ENTER ONLY ONE CAUSE PER LINE FOR A. B. C. * THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT 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.

1. NAME Dicie Ann Butler		2. DATE OF DEATH 11-22-53	
3. COLOR OR RACE White	4. SEX Female	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	6. DATE OF BIRTH 3-15-'55
7. AGE (IN YEARS) LAST BIRTHDAY 98		8. PLACE OF DEATH A. COUNTY Dyer B. CIVIL DISTRICT 7 C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Newbern	9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Dyer C. CIVIL DISTRICT 11 D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Newbern, E. STREET (IF RURAL, GIVE LOCATION) ADDRESS Box 244
10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY XX	11. SOCIAL SECURITY NUMBER None
12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN No		13. BIRTHPLACE (State or Foreign Country) Tennessee	14. CITIZEN OF WHAT COUNTRY? U.S.A.
15. FATHER'S NAME Joe Hogue		16. MOTHER'S MAIDEN NAME Betty Harris	17. INFORMANT ADDRESS Mrs. C.C. Thomas, Newbern
18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			INTERVAL BETWEEN ONSET AND DEATH 962
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	20A. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE W. G. Shelton M.D. [X] ADDRESS			DATE HEALTH DEPT. RECEIVED DEC 9 1953
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23B. DATE OF BURIAL, CREMATION, OR REMOVAL November 24, 1953	23C. NAME OF Cemetery or Crematory Oak Grove	23D. LOCATION CITY, TOWN OR COUNTY STATE Carroll County, Tennessee
24. FUNERAL DIRECTOR ADDRESS Bruceeton Funeral Home, Bruceeton	25. REGISTRATION DIST. NO. 42307	26. DATE SIGNED BY LOCAL REG. Dec. 5, 1953	27. REGISTRAR'S SIGNATURE W. G. Shelton M.D.

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