0900
22
0900
BIRTH NO.

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

STATE OF TENNESSEE

DEATH NO. 17529

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE ... AND ... CERTIF... 72 HO... SIGNAT... DELEGA...

CAUSE ... DEATH. DO NOT ... DYING ... HEART FAILURE ... ENIA, ETC. ... DISEASE, ... OR COMPLIC... WHICH CAUSED ...

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.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE — PUBLIC HEALTH SERVICE

017529X1960

1. NAME (First, Middle, Last): Henry Clinton Butler

2. DATE OF DEATH (Month, Day, Year): July 19, 1960

3. COLOR OR RACE: white

4. SEX: male

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

6. DATE OF BIRTH (Month Day Year): March 22, 1884

7. AGE (IN YEARS LAST BIRTHDAY): 76 | IF UNDER 1 YR. MONTHS / DAYS | IF UNDER 24 HRS. HOURS / MINS.

8. PLACE OF DEATH
A. COUNTY: Carroll
B. CIVIL DISTRICT: 16
C. CITY OR TOWN: Bruceton
D. LENGTH OF STAY IN THIS PLACE:
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): Bruceton Clinic
F. INSIDE CITY LIMITS? YES [X] NO [ ]

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn
B. COUNTY: Carroll
C. CIVIL DISTRICT: 18
D. CITY OR TOWN: Buena Vista
E. INSIDE CITY LIMITS? YES [ ] NO [X]
F. STREET ADDRESS (OR LOCATION): Route # 2
G. IS RESIDENCE ON A FARM? YES [X] NO [ ]

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

10B. KIND OF BUSINESS OR INDUSTRY: own farm

11. SOCIAL SECURITY NUMBER:

12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN: No | IF YES, GIVE WAR OR DATES OF SERVICE:

13. BIRTHPLACE (State or Foreign Country): Tennessee

14. CITIZEN OF WHAT COUNTRY? U S

15. NAME OF HUSBAND OR WIFE: Jeannie Bond Butler

16. FATHER'S NAME: Joel O. Butler

17. MOTHER'S MAIDEN NAME: Frances Robinson

18. INFORMANT / ADDRESS: Herman Butler, Buena Vista, Tenn.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — Enter only one cause per line for (A), (B), (C)

	Cause	Code	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Pulmonary Edema	334	9 Hours
DUE TO (B)	Cardiac Decompensation	434	3 to 4 days
DUE TO (C)	Cerebral Apoplexy		3 to 4 days

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

20. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

21A. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)

21C. TIME OF INJURY: HOUR A.M. P.M. MO. DAY YR.

REC'D BY STATE AUG 1 '60

21D. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.)

21F. PLACE OF INJURY: CITY, TOWN OR RURAL / COUNTY / STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: [signature] M.D. [ ] D.O. [X] OTHER (SPECIFY)
ADDRESS: Bruceton , Tennessee
DATE: 7/22/60

23A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

23B. DATE OF BURIAL, CREMATION, OR REMOVAL: July 20, 1960

23C. NAME OF Cemetery or Crematory: Oak Grove

23D. LOCATION (CITY, TOWN OR COUNTY / STATE): Carroll County, Tennessee

24. FUNERAL DIRECTOR / ADDRESS: R. L. Dilday, Huntingdon, Tenn.

25. REGISTRATION DIST. NO.: 40916

26. DATE SIGNED BY LOCAL REG.: 7-26-60

27. REGISTRAR'S SIGNATURE: Bracket Finch, Reg.

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