

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

0300
 (1) DEPARTMENT OF PUBLIC HEALTH
 U.S. 2002
 BIRTH NO.

CERTIFICATE OF DEATH
 STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS
 DEATH NO. **58-24542**

1. NAME **Mancel Washington Howard** 2. DATE OF DEATH **Oct 20, 1958**
 FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **W** 4. SEX **M** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) 6. DATE MONTH DAY YEAR OF BIRTH **02/13, 1875** 7. AGE (IN YEARS LAST BIRTHDAY) **83** 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH
 A. COUNTY **Benton** B. CIVIL DISTRICT **5** 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)
 C. CITY OR TOWN **Camden LA 3** D. LENGTH OF STAY IN THIS PLACE E. INSIDE CITY LIMITS? YES NO
 F. STREET ADDRESS (OR LOCATION) G. IS RESIDENCE ON A FARM? YES NO

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even If Retired) **Farmer** 10B. KIND OF BUSINESS OR INDUSTRY **Farming** 11. SOCIAL SECURITY NUMBER 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE
 13. BIRTHPLACE (State or Foreign Country) **Benton, Co., TENN.** 14. CITIZEN OF WHAT COUNTRY? **U.S.A.** 15. NAME OF HUSBAND OR WIFE **Mollie Howard**
 16. FATHER'S NAME **James V. Howard** 17. MOTHER'S MAIDEN NAME **Elsie Branch** 18. INFORMANT ADDRESS **Mrs Fred Hardy, Camden, Tenn LA 3**

MEDICAL CERTIFICATION
 19. CAUSE OF DEATH (Enter only one cause per line for (A), (B), (C))
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (A) **myocardial infarction** 420.1
 DUE TO (B) **chronic insufficiency**
 DUE TO (C)
 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

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

21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M.
Oct 20 1958

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
WITH HEALTH DEPT.

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
 SIGNATURE **[Signature]** M.D. D.O. OTHER (SPECIFY) ADDRESS **Camden, Tenn.** DATE

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **10/21/1958** 23C. NAME OF Cemetery or Crematory **Liberty** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Camden, Tenn.**

24. FUNERAL DIRECTOR ADDRESS **Camden, Tenn.** 25. REGISTRATION DIST. NO. **40305** 26. DATE SIGNED BY LOCAL REG **10-21-58** 27. REGISTRAR'S SIGNATURE **Shirley Robinson**

WRITED MAINLY WITH PERMANENT INK OR TYPEWRITER.
SE + 9F Over
 PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH.
 MEDICAL OFFICER OF COUNTY RECORDER OF DEEDS
 024522X1958
 DO NOT WRITE IN THESE SPACES

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

GENERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 2 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.