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0300DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

DEATH NO. 62-09205

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

TYPE OR WRITE PLAINLY. ONLY PERMANENT BLUE OR BLACK INK ACCEPTABLE. SIGNATURE MUST BE IN PERMANENT BLUE OR BLACK INK.

PHYSICIAN TENDED DURING LAST DEFINED DEATH A MEDICAL CERTIFICATE MUST BE FILED WITHIN 72 HOURS AFTER DEATH. SIGNATURE OF DELEGATE

CAUSE OF DEATH.

DO NOT GIVE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. GIVE 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.

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

1. NAME FIRST <i>Ada</i> MIDDLE LAST <i>Hoy</i>		2. DATE OF DEATH <i>March 12 1962</i> MONTH DAY YEAR			
3. COLOR OR RACE <i>W</i>	4. SEX <i>F</i>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Widowed</i>	6. DATE OF BIRTH <i>Jan 3 1881</i> MONTH DAY YEAR	7. AGE (IN YEARS LAST BIRTHDAY) <i>81</i>	IF UNDER 1 YR. MONTHS DAYS HOURS MINS.
8. PLACE OF DEATH A. COUNTY <i>Benton</i>		B. CIVIL DISTRICT <i>4</i>	9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE <i>Tenn.</i> B. COUNTY <i>Benton</i> CIVIL DISTRICT <i>4</i>		
C. CITY OR TOWN <i>Beuna Vista</i>		D. LENGTH OF STAY IN THIS PLACE <i>Life</i>	D. CITY OR TOWN <i>Beuna Vista</i>		E. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location)		F. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	F. STREET ADDRESS (OR LOCATION)		G. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. SOCIAL SECURITY NUMBER <i>412-60-9617</i>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE
13. BIRTHPLACE (State or Foreign Country) <i>Tenn</i>		14. CITIZEN OF WHAT COUNTRY?		15. NAME OF HUSBAND OR WIFE <i>George W Hoy deceased</i>	
16. FATHER'S NAME <i>Clark Kee</i>		17. MOTHER'S MAIDEN NAME <i>Bronnie Mills</i>		18. INFORMANT ADDRESS <i>Mrs Leonard Wells Cambridge</i>	
19. CAUSE OF DEATH (Enter only one cause per line for (A), (B), (C))					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Coronary Thrombosis</i>					<i>4201</i>
DUE TO (B) <i>Chronic Hypertension</i>					<i>444</i>
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 <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)			
21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M.		REC'D BY STAT MAY 15 '62			
21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>N T Kester</i>			M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> OTHER (SPECIFY)	ADDRESS <i>Brentwood Tenn</i> DATE <i>4-27-62</i>	
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		23B. DATE OF BURIAL, CREMATION, OR REMOVAL <i>3-14-62</i>		23C. NAME OF Cemetery or Crematory <i>Pleasant Hill Beuna Vista Tenn</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Stockdale-Malin Cambridge Tenn</i>		25. REGISTRATION DIST. NO. <i>40304</i>		26. DATE SIGNED BY LOCAL REG. <i>5-3-62</i> 27. REGISTRAR'S SIGNATURE <i>Carolyn Jones, Reg.</i>	