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DEPARTMENT OF PUBLIC HEALTH

# CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

66-015665

STATE OF TENNESSEE

BIRTH NO.

DEATH NO.

1. NAME <b>Grover Cleveland Cole</b>			2. DATE OF DEATH <b>June 25, 1966</b>			
3. COLOR OR RACE <b>W.</b>	4. SEX <b>Male</b>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	6. DATE MONTH DAY YEAR OF BIRTH <b>4-13-1892</b>	7. AGE (IN YEARS LAST BIRTHDAY) <b>74</b>	IF UNDER 1 YR. MONTHS	IF UNDER 24 HRS. DAYS HOURS MINS.
8. PLACE OF DEATH			9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)			
A. COUNTY <b>Carroll</b>		B. CIVIL DISTRICT <b>16</b>	A. STATE <b>Tenn.</b>	B. COUNTY <b>Carroll</b>	C. CIVIL DISTRICT <b>16</b>	
C. CITY OR TOWN <b>Bruceton, Tennessee</b>		D. LENGTH OF STAY IN THIS PLACE <b>29 yrs</b>	D. CITY OR TOWN <b>Bruceton,</b>		E. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) <b>Bruceton Hospital</b>		F. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	F. STREET ADDRESS (OR LOCATION) <b>112 S. Carroll, St.</b>		G. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) <b>24 Hrs. Retired Farmer</b>	10B. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN <b>Less 30 Days</b>	IF YES, GIVE WAR OR DATES OF SERVICE <b>One</b>		
13. BIRTHPLACE (State or Foreign Country) <b>Tennessee</b>	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. NAME OF HUSBAND OR WIFE <b>Martha J. Cole</b>				
16. FATHER'S NAME <b>Mark Cole</b>	17. MOTHER'S MAIDEN NAME <b>Polly Mitchell</b>	18. INFORMANT <b>Newburn Cole</b>		ADDRESS <b>Bruceton, Tennessee</b>		
19. CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>Cardiac arrest</b>					<b>525</b> 3 minutes	
DUE TO (B) <b>Poor gaseous exchange</b>					<b>433</b> approx. 6 months	
DUE TO (C) <b>Marked pulmonary fibrosis</b>					<b>260</b> approx. 10 years	
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 <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 A.M. P.M.						
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					DATE	
SIGNATURE	M.D. <input type="checkbox"/> D.O. <input checked="" type="checkbox"/> OTHER (SPECIFY)	ADDRESS <b>124 Lexington St. Bruceton, Tennessee</b>		<b>7/1/66</b>		
25. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	23B. DATE OF BURIAL, CREMATION, OR REMOVAL <b>6/26/66</b>	23C. NAME OF Cemetery or Crematory <b>Prospect</b>	23D. LOCATION CITY, TOWN OR COUNTY STATE <b>Bruceton, Carroll Co. Tennessee</b>			
24. BRUCETON FUNERAL HOME ADDRESS <b>Bruceton, Tennessee</b>	25. REGISTRATION DIST. NO. <b>40916</b>	26. DATE SIGNED BY <b>7-6-66</b>	27. REGISTRAR'S SIGNATURE <b>Jean E. Fields Dep</b>			

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PERMANENT

WRITE PL/ PERMANENT TYPEWRITE

PHYSICIAN TENDED DURING LAST 72 HOURS MUST BE DEFINED. MEDICAL CERTIFICATION. ANY CO-SIGNATURE OF PHYSICIAN MUST BE COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

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