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DEPARTMENT OF PUBLIC HEALTH

# CERTIFICATE OF DEATH

STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

BIRTH NO. \_\_\_\_\_

DEATH NO. 58-31640  
Dec. 2, 1958

1. NAME Sebron Cullie Robison 2. DATE OF DEATH Dec. 2, 1958

3. COLOR OR RACE White 4. SEX Male 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 6. DATE MONTH DAY YEAR OF BIRTH Dec. 10, 1877 7. AGE (IN YEARS LAST BIRTHDAY) 80 IF UNDER 1 YR. MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ IF UNDER 24 HRS. HOURS \_\_\_\_\_ MINS. \_\_\_\_\_

8. PLACE OF DEATH A. COUNTY Madison B. CIVIL DISTRICT 5 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Carroll C. CIVIL DISTRICT 11

C. CITY OR TOWN Jackson D. LENGTH OF STAY IN THIS PLACE 10 days D. CITY OR TOWN Huntingdon E. INSIDE CITY LIMITS? YES  NO

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) Madison General F. INSIDE CITY LIMITS? YES  NO  F. STREET ADDRESS (OR LOCATION) Route # 1 G. IS RESIDENCE ON A FARM? YES  NO

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Retired Farmer 10B. KIND OF BUSINESS OR INDUSTRY Own farm 11. SOCIAL SECURITY NUMBER None 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE YES, NO, OR UNKNOWN No

13. BIRTHPLACE (State or Foreign Country) Tennessee 14. CITIZEN OF WHAT COUNTRY? USA 15. NAME OF HUSBAND OR WIFE Florence Butler Robison

16. FATHER'S NAME Riley Robison 17. MOTHER'S MAIDEN NAME Frances Butler 18. INFORMANT ADDRESS Mrs. S.C. Robison, Huntingdon, Tenn

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) Bronchopneumonia 420.0  
471

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last } DUE TO (B) \_\_\_\_\_  
DUE TO (C) Arteriosclerotic heart disease

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

21C. TIME OF INJURY: HOUR \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ DEC 31 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 \_\_\_\_\_ STATE HEALTH DEPT.

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE Sam B. Myler M.D.  D.O.  OTHER (SPECIFY) \_\_\_\_\_ ADDRESS Jackson, Tenn. DATE 12/8/58

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL December 3, 1958 23C. NAME OF Cemetery or Crematory Fairview 23D. LOCATION CITY, TOWN OR COUNTY STATE Carroll County, Tennessee

24. FUNERAL DIRECTOR ADDRESS Robert H. Dillard, Huntingdon, Tennessee 25. REGISTRATION DIST. NO. 25705 26. DATE SIGNED BY LOCAL REG. 12-10-58 27. REGISTRAR'S SIGNATURE Jo Beck, Reg.

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 MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS AFTER DEATH. POWER OF ATTORNEY CANNOT BE USED.

CAUSE OF DEATH. MODE OF DEATH. IS HEART FAILURE, STROKE, ETC. WHICH CAUSED DEATH.

FUNERAL DIRECTOR MUST COMPLETE AND SIGN THIS CERTIFICATE WITHIN 72 HOURS AFTER DEATH AND PRIOR TO REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

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