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DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH**
STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS
DEATH NO. **60-25250**

BIRTH NO. _____
1. NAME **James Curtis Cole** 2. DATE OF DEATH **Oct. 8, 1960**
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **W.** 4. SEX **M.** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Male** 6. DATE OF BIRTH **2-12-90** 7. AGE (IN YEARS) LAST BIRTHDAY **70** IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)
A. COUNTY **Carroll** B. CIVIL DISTRICT **16** A. STATE **Tenn.** B. COUNTY **Carroll** C. CIVIL DISTRICT **15**

C. CITY OR TOWN **Bruceton, Tennessee** D. LENGTH OF STAY IN THIS PLACE **1 day** D. CITY OR TOWN **Buena Vista, Tenn.** E. INSIDE CITY LIMITS? YES NO

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) **Bruceton Clinic** F. INSIDE CITY LIMITS? YES NO F. STREET ADDRESS (OR LOCATION) **R.F.D.** 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 _____ 11. SOCIAL SECURITY NUMBER **408-20-2873** 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE **No.**

13. BIRTHPLACE (State or Foreign Country) **Tennessee** 14. CITIZEN OF WHAT COUNTRY? **U.S.A.** 15. NAME OF HUSBAND OR WIFE **Lura Nunnery Cole**

16. FATHER'S NAME **Bill Cole** 17. MOTHER'S MAIDEN NAME **Delia Mitchell** 18. INFORMANT ADDRESS **Lura Cole, Buena Vista, 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) **Pulmonary Edema** 4201 45 Mins.
DUE TO (B) **Myocardial Infarction** 522 1 Month
DUE TO (C) **Coronary Thrombosis** 1 Month
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) _____

21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M. _____ REC'D BY STATE NOV 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 _____ M.D. D.O. OTHER (SPECIFY) _____ ADDRESS **Bruceton, Tennessee** DATE **10/14/60**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **10-10-60** 23C. NAME OF Cemetery or Crematory **McAuley** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Buena Vista, Carroll, Ten**

24. FUNERAL DIRECTOR ADDRESS **BRUCETON FUNERAL HOME**
Bruceton, Tennessee 25. REGISTRATION DIST. NO. **40916** 26. DATE SIGNED BY LOCAL REG. **10-17-60** 27. REGISTRAR'S SIGNATURE **Jean E. Fields, Dep**

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

WRITE MAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATE. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING THIS CERTIFICATE MUST BE COMPLETELY WITHIN OF NOT BE

CAUSE OF DEATH. DEGREE OF HEART DISEASE, OR WHICH

UNEMPLOYED 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.

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