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0300
BIRTH NO.

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

64-17844

DEATH NO. 64-17844
2. DATE OF DEATH July 27, 1964
MONTH DAY YEAR

1. NAME Ammanuel Luther Kee
FIRST MIDDLE LAST

3. COLOR OR RACE W 4. SEX M 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed 6. DATE MONTH DAY YEAR OF BIRTH March 5, 1825-89 7. AGE (IN YEARS LAST BIRTHDAY) 39 IF UNDER 1 YR. IF UNDER 24 HRS. MONTHS DAYS HOURS MINS.

8. PLACE OF DEATH A. COUNTY Benton B. CIVIL DISTRICT 4 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn B. COUNTY Benton C. CIVIL DISTRICT 4

C. CITY OR TOWN Camden, Tenn R#3 D. LENGTH OF STAY IN THIS PLACE E. INSIDE CITY LIMITS? YES NO D. CITY OR TOWN Camden, Tenn R#3 E. INSIDE CITY LIMITS? YES NO

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) ✓ F. 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 — YES, NO, OR UNKNOWN

13. BIRTHPLACE (State or Foreign Country) Benton Co. 14. CITIZEN OF WHAT COUNTRY? U.S.A. 15. NAME OF HUSBAND OR WIFE Ophelia Kee

16. FATHER'S NAME Thomas Kee 17. MOTHER'S MAIDEN NAME Elyzabeth Allen 18. INFORMANT ADDRESS

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) Cerebrovascular accident 331
Senescent arteriosclerosis 450
DUE TO (B) —
DUE TO (C) —
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last

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. REG BY STATE AUG 14 '64

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 [Signature] MED. EXAM. D.O. OTHER (SPECIFY) ADDRESS Camden, Tenn DATE 7/29/64

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE OF BURIAL, CREMATION, OR REMOVAL 7/29/64 23c. NAME OF Cemetery or Crematory Shelburn Hill 23d. LOCATION CITY, TOWN OR COUNTY STATE Camden, Tenn

24. FUNERAL DIRECTOR ADDRESS Camden, Tenn 25. REGISTRATION DIST. NO. 40304 26. DATE SIGNED BY 8-13-64 27. REGISTRAR'S SIGNATURE Carolyn Jones, Reg.

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 WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN CERTIFICATE. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST COMPLETE MEDICAL HISTORY WITHIN POWER OF ATTORNEY.

DEATH. MODE OF DEATH IS HEART FAILURE, STROKE, OR OTHER DISORDER, OR WHICH CAUSE.

DIRECTOR OR REGISTRAR 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