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

STATE OF TENNESSEE

BIRTH NO. DEATH NO. 63-19337

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 ATTENDED DURING LAST ILLNESS MUST GIVE ... DEFINED CAUSE OF DEATH AND ... COUNTY HEALTH OFFICER OR EXECUTING ... CATE MUST ... AND SIGN CERTIFICATE WITHIN 72 HOURS. SIGNATURE ... 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.

FORM 120

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

019337X1963

1. NAME (First) Ada (Middle) Paralee (Last) Drinkard — DATE OF DEATH (Month Day Year) 6/29/1963

3. COLOR OR RACE: W
4. SEX: F
5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6. DATE OF BIRTH (Month Day Year): July 13 1884
7. AGE (IN YEARS LAST BIRTHDAY): 78 — IF UNDER 1 YR. MONTHS / DAYS — IF UNDER 24 HRS. HOURS / MINS.

8. PLACE OF DEATH
A. COUNTY: Carroll — B. CIVIL DISTRICT: 11th
C. CITY OR TOWN: Huntingdon, Tenn R#2 — D. LENGTH OF STAY IN THIS PLACE:
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): Route 2 — F. INSIDE CITY LIMITS? YES ☐ NO ☒

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn — B. COUNTY: Carroll — C. CIVIL DISTRICT: 11
D. CITY OR TOWN: Huntingdon, Tenn R#2 — E. 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): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. SOCIAL SECURITY NUMBER: —
12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN: — IF YES, GIVE WAR OR DATES OF SERVICE: —

13. BIRTHPLACE (State or Foreign Country): Carroll Co.
14. CITIZEN OF WHAT COUNTRY? U S A
15. NAME OF HUSBAND OR WIFE: Tom Drinkard

16. FATHER'S NAME: Taylor Smothers
17. MOTHER'S MAIDEN NAME: Elizabeth Smothers
18. INFORMANT: Roy Drinkard — ADDRESS: Huntingdon, Tenn

MEDICAL CERTIFICATION 332

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) Cerebral Embolism 444 — 4 days

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last

DUE TO (B) Arteriosclerosis and hypertension — years

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 ☐ NO ☒

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)

ADDITION From: Reg Date 9-11-63 By [illegible]

REC'D BY STATE JUL 31 1963

21C. TIME OF INJURY: HOUR A.M. P.M. MO. DAY YR.
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: Roy A. Douglas — M.D. ☒ D.O. ☐ OTHER (SPECIFY) — ADDRESS: Huntingdon — DATE: July 2 1963

23A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23B. DATE OF BURIAL, CREMATION, OR REMOVAL: 6/30/1963
23C. NAME OF Cemetery or Crematory: Oak Grove
23D. LOCATION — CITY, TOWN OR COUNTY — STATE: Huntingdon, Tenn

24. FUNERAL DIRECTOR — ADDRESS: Camden Funeral Home, Camden, Tenn
25. REGISTRATION DIST. NO.: 40911
26. DATE SIGNED BY LOCAL REG.: 7-15-63
27. REGISTRAR'S SIGNATURE: Jane E. Fields, Dep.

0.000000316 (24)