

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

0300
10
0300
BIRTH NO.

DEATH NO. **61-00047**

1. NAME **Virgie Clark Barnes** 2. DATE OF DEATH **Jan 3 1961**
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **W** 4. SEX **M** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** 6. DATE MONTH DAY YEAR OF BIRTH **March 3 1979** 7. AGE (IN YEARS LAST BIRTHDAY) **81** 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 **Benton** B. CIVIL DISTRICT **2** A. STATE **Tenn** B. COUNTY **Benton** C. CIVIL DISTRICT **2**

C. CITY OR TOWN **Hallsaday** D. LENGTH OF STAY IN THIS PLACE **Life** D. CITY OR TOWN **Hallsaday** E. INSIDE CITY LIMITS? YES NO

F. STREET ADDRESS (OR LOCATION) **Hallsaday** 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 **Retired Farmer** 11. SOCIAL SECURITY NUMBER **Retired Farmer** 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) **Tenn** 14. CITIZEN OF WHAT COUNTRY? **Tenn** 15. NAME OF HUSBAND OR WIFE **Nealie Barnes**

16. FATHER'S NAME **William C Barnes** 17. MOTHER'S MAIDEN NAME **Mary Ann Smathers** 18. INFORMANT ADDRESS **Nealie Barnes, Hallsaday 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) **Carcinomatosis 157**

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last } DUE TO (B) **Carcinoma of Pancreas**
DUE TO (C) **Carcinoma of Pancreas**

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 FEB 1 '61**

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]** M.D. D.O. OTHER (SPECIFY) ADDRESS **Huntingdon Tenn** DATE **1-12-61**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **1-5-61** 23C. NAME OF Cemetery or Crematory **Yellow Springs** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Hallsaday Tenn**

24. FUNERAL DIRECTOR ADDRESS **Stocreda Malin Camden Tenn** 25. REGISTRATION DIST. NO. **20302** 26. DATE SIGNED BY LOCAL REG. **1-30-61** 27. REGISTRAR'S SIGNATURE **Casalya Newwood**

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

WRITE CLEARLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DETERMINED CAUSE OF DEATH. SIGN CERTIFICATE. PHYSICIAN, LENGTH OF CORONER CERTIFICATE COMPLETE MEDICAL RECORD WITHIN 72 HOURS. POWER OF NOT BE DELETED. CAUSE OF DEATH. MODE OF DEATH IS HEART DISEASE, STHENIA, 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