

0916
10
0916
BIRTH NO.

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

DEATH NO. 56-24875

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

1. NAME **Emmett Elmer Clark** 2. DATE OF DEATH **Nov. 28, 1956**
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **White Male** 4. SEX **Male** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **married** 6. DATE MONTH DAY YEAR OF BIRTH **Oct. 7, 1886** 7. AGE (IN YEARS LAST BIRTHDAY) **70** 8. IF UNDER 1 YR. MONTHS DAYS HOURS MINS. 9. IF UNDER 24 HRS. MONTHS DAYS HOURS MINS.

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 **16**

10. PLACE OF DEATH
A. COUNTY **Carroll** B. CIVIL DISTRICT **16** A. STATE **Tenn.** B. COUNTY **Carroll** C. CIVIL DISTRICT **16**
C. CITY OR TOWN **Bruceston** D. LENGTH OF STAY IN THIS PLACE **Bruceston** E. INSIDE CITY LIMITS? YES NO

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

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) **Carpenter** 10B. KIND OF BUSINESS OR INDUSTRY **self-employed** 11. SOCIAL SECURITY NUMBER **409-24-5599** 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE YES NO

13. BIRTHPLACE (State or Foreign Country) **Tennessee** 14. CITIZEN OF WHAT COUNTRY? **U S** 15. NAME OF HUSBAND OR WIFE **Bertha Kirk Clark**

16. FATHER'S NAME **Jimmy Clark** 17. MOTHER'S MAIDEN NAME **Martha Ann Norwood** 18. INFORMANT ADDRESS **Mrs. F. F. Clark, Bruceston, Tenn.**

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 422.1** 1 day
DUE TO (B) **Myocardial infarction 522** 5 day
DUE TO (C) **Peripheral Arteriosclerosis 530.1** 5 yrs.

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)
DEC 17 1956

21C. TIME OF INJURY: HOUR MO. DAY YR. P. M. **NOV 28 1956**

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 **Wm. R. Ramsey** M.D. D.O. OTHER (SPECIFY) ADDRESS **Bruceston Clinic** DATE **11-30-56**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **November 29, 1956** 23C. NAME OF Cemetery or Crematory **Prospect** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Hollow Rock, Tennessee**

24. FUNERAL DIRECTOR ADDRESS **R. C. ...** 25. REGISTRATION DIST. NO. **40916** 26. DATE SIGNED BY LOCAL REG. **12-4-56** 27. REGISTRAR'S SIGNATURE **Harold J. Essey, M.P.**

CAUSE OF DEATH: HEART FAILURE, DUE TO PULMONARY EDEMA, SECONDARY TO MYOCARDIAL INFARCTION, WITH PERIPHERAL ARTERIOSCLEROSIS.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.