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BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH
STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

DEATH NO. 57-05152

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

RECORD MAINLY WITH PERMANENT INK OR TYPEWRITER.

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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 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

1. NAME Charles Preston Cooper FIRST MIDDLE LAST			2. DATE OF DEATH March 11, 1957 MONTH DAY YEAR		
3. COLOR OR RACE White	4. SEX Male	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	6. DATE OF BIRTH Jan. 1, 1875	7. AGE (IN YEARS LAST BIRTHDAY) 82	8. IF UNDER 1 YR. MONTHS DAYS HOURS MINS.
8. PLACE OF DEATH A. COUNTY Carroll B. CIVIL DISTRICT 16 C. CITY OR TOWN Buena Vista D. LENGTH OF STAY IN THIS PLACE			9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Carroll C. CIVIL DISTRICT 16 D. CITY OR TOWN Buena Vista E. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
E. NAME OF HOSPITAL OR INSTITUTION (If Not in Hospital or Institution, Give Street Address or Location) Route # 1			F. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		F. STREET ADDRESS (OR LOCATION) Route # 1
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY Own Farm		11. SOCIAL SECURITY NUMBER None	
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 Minnie Brinkley Cooper		16. FATHER'S NAME J. G. Cooper		17. MOTHER'S MAIDEN NAME Martha Brackins	
18. INFORMANT ADDRESS C.V. Cooper, Hollow Rock, Tennessee		MEDICAL CERTIFICATION			
19. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Myocarditis DUE TO (B) DUE TO (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)				INTERVAL BETWEEN ONSET AND DEATH 422.2 20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19) APR 2 1957 DEATH CERTIFICATE			
21C. TIME OF INJURY: HOUR MO. DAY YR. A. M. P. M.		21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 R. T. Keeton			M. D. D. O. OTHER (SPECIFY) <input checked="" type="checkbox"/> <input type="checkbox"/>		ADDRESS Buckhorn Tenn DATE Mar 14 57
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23B. DATE OF BURIAL, CREMATION, OR REMOVAL March 12, 1957		23C. NAME OF (Country or Crematory) Prospect	
23D. LOCATION CITY, TOWN OR COUNTY STATE Hollow Rock, Tennessee		24. FUNERAL DIRECTOR Robert L. Wilday, Huntingdon, Tenn		25. REGISTRATION DIST. NO. 40916	
26. DATE SIGNED BY LOCAL REG. 3-16-57		27. REGISTRAR'S SIGNATURE Haris D. Casey, Dep			

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