

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

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 MEDICAL CERTIFICATE TO ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATE 72 HOURS SIGNATURE DELEGATE

CAUSE OF DYING (SUC FAILURE, ETC. GIVE CASE, IF COMPLICATED BY FUNERAL OR PERSON OF BODY. CERTIFICATE CAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO REMOVAL BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

0300  
10  
0300  
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH  
STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

DEATH NO. 65-021181

1. NAME *Leonard Murphy Hedge* 2. DATE OF DEATH *8 2 1965*  
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE *W* 4. SEX *M* 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) *Married* 6. DATE OF BIRTH *8 26 1908* 7. AGE (IN YEARS LAST BIRTHDAY) *57* 8. IF UNDER 1 YR. MONTHS DAYS HOURS 9. IF UNDER 24 HRS. HRS.

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* D. LENGTH OF STAY IN THIS PLACE E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) *R. 3* F. INSIDE CITY LIMITS? YES  NO  G. STREET ADDRESS (OR LOCATION) *Camden* H. IS RESIDENCE ON A FARM? YES  NO

I. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) *R. 3* F. INSIDE CITY LIMITS? YES  NO  G. STREET ADDRESS (OR LOCATION) *Camden* H. IS RESIDENCE ON A FARM? YES  NO

10a. USUAL OCCUPATION *Retired* 10b. KIND OF BUSINESS OR INDUSTRY *Farming* 11. SOCIAL SECURITY NUMBER *408-26-1977* 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) *Tenn* 14. CITIZEN OF WHAT COUNTRY? *USA* 15. NAME OF HUSBAND OR WIFE *Odell Hedge*

16. FATHER'S NAME *Riley C Hedge* 17. MOTHER'S MAIDEN NAME *Allen* 18. INFORMANT *Odell Hedge* ADDRESS *Camden 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) *Adenocarcinoma, Bladder, Urinary* INTERVAL BETWEEN ONSET AND DEATH *1 yr.*

DUE TO (B) *1810*

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last  
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 18)

21c. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M.

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 *W. H. Hachler* MED. EXAM.  D.O.  OTHER (SPECIFY)  ADDRESS *Camden Tenn* DATE *8/18/65*

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) *Burial* 23b. DATE OF BURIAL, CREMATION, OR REMOVAL *8-4-65* 23c. NAME OF Cemetery or Crematory *Crossroads* 23d. LOCATION CITY, TOWN OR COUNTY STATE *Camden Tenn*

24. FUNERAL DIRECTOR *Stocdale Mahins* ADDRESS *Camden Tenn* 25. REGISTRATION DIST. NO. 26. DATE SIGNED BY LOCAL REG. *8-26-65* 27. REGISTRAR'S SIGNATURE *Carolyn Norwood, (DR)*

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

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