

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-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST BE COMPLETE WITHIN 72 HOURS AFTER DEATH.

DO NOT SIGN CERTIFICATE OF DEATH UNTIL YOU HAVE READ IT CAREFULLY AND ARE SURE THAT THE INFORMATION IS CORRECT.

FUNERAL HOME OR PERSON RECEIVING 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 180

0300
10
0300

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

7

BIRTH NO.		DEATH NO. 59-21516			
1. NAME Albert Arthur Kee		2. DATE OF DEATH 9/5/1959			
3. COLOR OR RACE W		4. SEX M		5. SINGLE (MARRIED) WIDOWED, DIVORCED (SPECIFY)	
6. DATE MONTH DAY YEAR OF BIRTH Sept 23, 1893		7. AGE (IN YEARS LAST BIRTHDAY) 75		IF UNDER 1 YR. IF UNDER 24 HRB.	
8. PLACE OF DEATH		9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)			
A. COUNTY Benton		B. CIVIL DISTRICT 4		A. STATE Tenn B. COUNTY Benton C. CIVIL DISTRICT 4	
C. CITY OR TOWN Camden, Tenn		D. LENGTH OF STAY IN THIS PLACE		E. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
F. STREET ADDRESS (OR LOCATION) Route # 3		G. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY Farming		11. SOCIAL SECURITY NUMBER	
13. BIRTHPLACE (State or Foreign Country) Benton Co. Tenn.		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. NAME OF HUSBAND OR WIFE Cordie Kee	
16. FATHER'S NAME Sam Kee		17. MOTHER'S MAIDEN NAME Eloise Kee		18. INFORMANT Harvey Kee, Camden Tenn. R#3	
MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C)					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) CA of Cancer					157
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)					20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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)			
21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M.		REC'D BY STATE SEP 14 '59			
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 W. B. H. H. H.		M.D. D.O. OTHER (SPECIFY) <input checked="" type="checkbox"/> <input type="checkbox"/>		ADDRESS DATE	
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried		23B. DATE OF BURIAL, CREMATION, OR REMOVAL 9/6/1959		23C. NAME OF Cemetery or Crematory Pleasant Hill	
24. FUNERAL DIRECTOR Camden Funeral Home, Camden, Tenn		25. REGISTRATION DIST. NO. 40304		26. DATE SIGNED BY LOCAL REG. 9-8-59	
				27. REGISTRAR'S SIGNATURE Thogene Robins, Dep.	

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

021516X1959