

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

WRITE PLAINLY. ONE 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 MEDICAL OPINION. ANY COUNTY RECORDER EXECUTING THIS MUST SIGN AND SIGNATURE DELEGATED.

DO NOT SIGNIFY FAILURE TO GIVE CAUSE OF DEATH 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 <b>Elbert Hawkins Smothers</b>			2. DATE OF DEATH <b>July 26, 1961</b>			
FIRST MIDDLE LAST			MONTH DAY YEAR			
3. COLOR OR RACE <b>White</b>	4. SEX <b>Male</b>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	6. DATE MONTH DAY YEAR OF BIRTH <b>5-3-1895</b>	7. AGE (IN YEARS LAST BIRTHDAY) <b>66</b>	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 <b>Shelby</b>		B. CIVIL DISTRICT	A. STATE <b>Tenn.</b>		B. COUNTY <b>Henry</b>	C. CIVIL DISTRICT
C. CITY OR TOWN <b>Memphis</b>		D. LENGTH OF STAY IN THIS PLACE	D. CITY OR TOWN <b>Paris</b>		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) <b>Methodist Hospital</b>		F. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	7. STREET ADDRESS (OR LOCATION) <b>Route # 3</b>		G. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) <b>Farmer</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. SOCIAL SECURITY NUMBER <b>413-28-7485</b>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE <b>Yes WW I</b>	
13. BIRTHPLACE (State or Foreign Country) <b>Benton County, Tennessee</b>		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. NAME OF HUSBAND OR WIFE <b>Minnie May Smothers</b>		
16. FATHER'S NAME <b>Jim Smothers</b>		17. MOTHER'S MAIDEN NAME <b>Cora Baggett</b>		18. INFORMANT ADDRESS <b>Minnie May Smothers, Route # 3, Paris,</b>		
MEDICAL CERTIFICATION <b>Tennessee</b>					INTERVAL BETWEEN ONSET AND DEATH	
19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C)					<b>331</b>	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>Respiratory failure</b>						
DUE TO (B) <b>Cerebrovascular accident</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 AUG 22 '61				
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 <b>Guy Farmer</b>			M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> OTHER (SPECIFY)		ADDRESS <b>Method. Hsp. Paris, Tenn.</b>	
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		23B. DATE OF BURIAL, CREMATION, OR REMOVAL <b>7-28-1961</b>		23C. NAME OF Cemetery or Crematory <b>Memorial Cemetery</b>		23D. LOCATION CITY, TOWN OR COUNTY STATE <b>Paris, Tennessee</b>
24. FUNERAL DIRECTOR <b>Ridgeway Morticians, Paris, Tenn.</b>		ADDRESS		25. REGISTRATION DIST. NO. <b>791</b>		26. DATE SIGNED BY <b>AUG 15 1961</b>
				27. REGISTRAR'S SIGNATURE <b>L.M. Graves</b>		DATE <b>7/26/61</b>
				By <b>Jane Lockett</b>		Deputy