

Dr. Horton
S.C.

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD) MUST COMPLETE SIGN MEDICAL CERTIFICATION OF SIGNATURE NOT BE DELETED.

CAUSE OF DEATH. ONE OF THE FOLLOWING DOES NOT MEAN HEART, THEN MEANS INJURY, COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF 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.

0305-10
0315
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. 54-13950

1. NAME *Paul Mae Hicks* 2. DATE OF DEATH *July 13 1954*

3. COLOR OR RACE *N* 4. SEX *F* 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) *DIVORCED* 6. DATE OF BIRTH *July 16, 1897* 7. AGE (IN YEARS) *56* IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH A. COUNTY *Benton* B. CIVIL DISTRICT *5th* C. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE *Tenn* B. COUNTY *Benton* C. CIVIL DISTRICT *5th*

9. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) *Candover* D. LENGTH OF STAY IN THIS PLACE *R.H.I.* D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

10. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) E. STREET (IF RURAL, GIVE LOCATION) ADDRESS

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) *At Home* 10B. KIND OF BUSINESS OR INDUSTRY 11. SOCIAL SECURITY NUMBER

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN *Yes* 13. BIRTHPLACE (State or Foreign Country) *Benton Co* 14. CITIZEN OF WHAT COUNTRY? *U.S.A.*

15. FATHER'S NAME *Jim Imboden* 16. MOTHER'S MAIDEN NAME *Corra Bargett* 17. INFORMANT *Mrs Melodine Hicks Candover* ADDRESS

18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) *Adeno-Carcinoma Colon* 153 199.9 3 yrs.? ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) *See reverse side* DUE TO (C) 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION *Apr Feb 1954* 19B. MAJOR FINDINGS OF OPERATION *Adeno-Ca Transv. Colon* 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY

21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Build'g, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21F. HOW DID INJURY OCCUR? *AUG 10 1954*

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE *R. L. Horton* M.D. OTHER (SPECIFY) ADDRESS *Candover Tenn* DATE *7/30/54*

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) *Buried* 23B. DATE OF BURIAL, CREMATION, OR REMOVAL *7/14/1954* 23C. NAME OF Cemetery or Crematory *Pleasant Hill* 23D. LOCATION CITY, TOWN OR COUNTY STATE *Candover Tenn*

24. FUNERAL DIRECTOR ADDRESS *Candover Tenn* 25. REGISTRATION DIST. NO. 26. DATE SIGNED BY LOCAL REG. *8-10-54* 27. REGISTRAR'S SIGNATURE *J. M. ...*