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BIRTH NO.

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

DEATH NO. 57-23314

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

PRINT PLAINLY 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 COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 2 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE OF DEATH.

DO NOT USE CODE OF DYING HEART FAILURE, ASTHENIA, ETC. DISEASE, OR CONDITION WHICH CAUSED

UNDERTAKER OR PERSON IN CHARGE OF BURIAL CERTIFICATE MUST FILE WITH LOCAL REGISTRAR WITHIN 2 DAYS AFTER DEATH AND PRIOR TO REMOVAL OF BODY FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

FORM 120

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

1. NAME	FIRST	MIDDLE	LAST	2. DATE OF DEATH	MONTH	DAY	YEAR
	John	Wesley	Abbott		Oct.	5,	1957

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (MONTH DAY YEAR)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	IF UNDER 1 YR. DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MINS.
White	Male	Widowed	Aug. 26, 1871	86				

8. PLACE OF DEATH

A. COUNTY: Carroll
B. CIVIL DISTRICT: 11
C. CITY OR TOWN: Huntingdon
D. LENGTH OF STAY IN THIS PLACE:
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): Northwood Drive
F. INSIDE CITY LIMITS? YES ☐ NO ☒

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)

A. STATE: Tenn. B. COUNTY: Carroll C. CIVIL DISTRICT: 11
D. CITY OR TOWN: Huntingdon
E. INSIDE CITY LIMITS? YES ☐ NO ☒
F. STREET ADDRESS (OR LOCATION): Northwood Drive
G. IS RESIDENCE ON A FARM? YES ☐ NO ☒

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life. Even If Retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN	IF YES, GIVE WAR OR DATES OF SERVICE
Retired Farmer	Own Farm	None	No	

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Tennessee	USA	Charlie Speed Abbott

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT ADDRESS
Bill Abbott	Paralee Arnold	John H. Abbott, Huntingdon, 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): Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 450.0

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last
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 ☐ NO ☐

21A. ACCIDENT ☐	SUICIDE ☐	HOMICIDE ☐	21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of this item)

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

RECEIVED
OCT 15 1957

21D. INJURY OCCURRED	21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.)	21F. PLACE OF INJURY: CITY, TOWN OR RURAL	COUNTY	STATE
WHILE AT WORK ☐ NOT WHILE AT WORK ☐		STATE HEALTH DEPT.		

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE: K. B. Wilson — M.D. ☒ D.O. ☐ OTHER (SPECIFY) ☐ — ADDRESS: Huntingdon Tenn. — DATE: 10-5-57

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)	23B. DATE OF BURIAL, CREMATION, OR REMOVAL	23C. NAME OF Cemetery or Crematory	23D. LOCATION CITY, TOWN OR COUNTY	STATE
Burial	Oct. 6, 1957	Bowles Chapel	Fulton, Kentucky	

24. FUNERAL DIRECTOR	ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Robert L. Dibley	Huntingdon, Tenn.	40911	10-8-1957	Beulah Finch Dep