

Dr. 2453

1994
28
0900

CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH STATE OF TENNESSEE DIVISION OF VITAL STATISTICS

BIRTH NO. 0900 DEATH NO. 58-17262
1. NAME John Calvin Cole 2. DATE OF DEATH 7/12/58
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE W 4. SEX M 5. SINGLE (MARRIED, WIDOWED, DIVORCED) (SPECIFY) MARRIED 6. DATE MONTH DAY YEAR OF BIRTH Dec 11, 1877 7. AGE (IN YEARS LAST BIRTHDAY) 80 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 Davidson CIVIL DISTRICT C A. STATE Tenn B. COUNTY Davidson C. CIVIL DISTRICT 15

C. CITY OR TOWN Nashville D. LENGTH OF STAY IN THIS PLACE 2 weeks D. CITY OR TOWN Brentwood E. INSIDE CITY LIMITS? YES NO

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) Vanderbilt F. INSIDE CITY LIMITS? YES NO F. STREET ADDRESS (OR LOCATION) 1200 G. IS RESIDENCE ON A FARM? YES NO

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 - 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE -

13. BIRTHPLACE (State or Foreign Country) Benton Co. 14. CITIZEN OF WHAT COUNTRY? U.S.A. 15. NAME OF HUSBAND OR WIFE Deed Cole

16. FATHER'S NAME Bill Cole 17. MOTHER'S MAIDEN NAME Deed Mitchell 18. INFORMANT ADDRESS Mrs. Lura Cole, Brentwood, 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) Traumatic subarachnoid hemorrhage 2 weeks
8204
DUE TO (B) _____
DUE TO (C) _____
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last

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 19) Car wreck on highway - details unknown JUL 21 1958

21c. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M. _____ STATE HEALTH DEPT.

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. S. [Signature] M.D. D.O. OTHER (SPECIFY) _____ ADDRESS Vanderbilt Hospital DATE 7/16/58

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE OF BURIAL, CREMATION, OR REMOVAL 7/15/58 23c. NAME OF Cemetery or Crematory Cross Roads 23d. LOCATION, CITY, TOWN OR COUNTY STATE Campbell, Tenn

24. FUNERAL DIRECTOR ADDRESS Davidson Funeral Home, Davidson, Tenn 25. REGISTRATION DIST. NO. 21901 26. DATE SIGNED BY LOCAL REG 7-18-58 27. REGISTRAR'S SIGNATURE Geo. R. [Signature]

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 COMPLETE AND SIGN MEDICAL CERTIFICATE WITHIN 72 HOURS AFTER DEATH.

CAUSE OF DEATH DO NOT DYING FAILURE OF HEART, ENCEPHALOPATHY, DISSECTION OF AORTA, ETC. (SPECIFY) OR HIGH

FUNERAL DIRECTOR OR PERSON REMOVING BODY FROM STATE MUST FILE 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.

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

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