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

FILE NO.

66-008233

BIRTH NO.

1. NAME Cordie Elizabeth Clark
FIRST MIDDLE LAST
2. DATE OF DEATH 3-26-66
MONTH DAY YEAR

3. COLOR OR RACE W 4. SEX F 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED 6. DATE MONTH DAY YEAR OF BIRTH 1-6-04 7. AGE (IN YEARS) LAST BIRTHDAY) 62 IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH A. COUNTY SHELBY B. CIVIL DISTRICT C. CITY OR TOWN Memphis D. LENGTH OF STAY IN THIS PLACE E. INSIDE CITY LIMITS? YES NO 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE TENN. B. COUNTY Shelby C. CIVIL DISTRICT

10. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Machine Operator - Rite-Way Products 10b. KIND OF BUSINESS OR INDUSTRY Operator - Rite-Way Products 11. SOCIAL SECURITY NUMBER 413-34-3709 12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN IF YES, GIVE WAR OR DATES OF SERVICE

13. BIRTHPLACE (State or Foreign Country) Tennessee 14. CITIZEN OF WHAT COUNTRY? USA 15. NAME OF HUSBAND OR WIFE Vonnie H. Clark 16. FATHER'S NAME James Sikes 17. MOTHER'S MAIDEN NAME Myrtle McLain 18. INFORMANT Husband - Same ADDRESS

19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Arteriosclerosis Heart Disease DUE TO (B) 4200 DUE TO (C) 447 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) Myocardium was diseased 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) 21c. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M.

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 M. K. Collins MED. EXAM. D.O. OTHER (SPECIFY) ADDRESS 951 Court DATE 3/24/66

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE OF BURIAL, CREMATION, OR REMOVAL 3/27/66 23c. NAME OF Cemetery or Crematory Forest Hill 23d. LOCATION CITY, TOWN OR COUNTY STATE Memphis, Tenn.

24. FUNERAL DIRECTOR ADDRESS Memphis Funeral Home - Memphis, Tenn. 25. REGISTRATION DIST. NO. 791 26. DATE SIGNED BY LOCAL REG. MAR 29 1966 27. REGISTRAR'S SIGNATURE Gene Lacey Deputy

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

TYPE OR WRITE PLAINLY. ONLY 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-DETERMINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATE. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN WITHIN 72 HOURS OF DEATH. DELEGATE

CAUSE OF DEATH. DEATH. HEART DISEASE, OR WHICH CAUSE

FUNERAL PERSON OR PERSONS OF BODY, MUST FILE CERTIFICATE WITH LOCAL HEALTH DEPARTMENT 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