

0900
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0900
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH**
STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS
DEATH NO. **60-22595**

1. NAME **Sebern Johnson Butler** 2. DATE OF DEATH **9-9-1960**
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **W.** 4. SEX **M.** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Widowed** 6. DATE OF BIRTH **4-30-61** 7. AGE (IN YEARS LAST BIRTHDAY) **99** IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.

B. PLACE OF DEATH A. COUNTY **Carroll** B. CIVIL DISTRICT **18** 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE **Tenn.** B. COUNTY **Carroll** C. CIVIL DISTRICT **18**

C. CITY OR TOWN **Buena Vista** D. LENGTH OF STAY IN THIS PLACE **18 yrs** D. CITY OR TOWN **Buena Vista** E. INSIDE CITY LIMITS? YES NO

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

10A. USUAL OCCUPATION **Retired Farmer** 10B. KIND OF BUSINESS OR INDUSTRY **Farmer** 11. SOCIAL SECURITY NUMBER **None** 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE **No**

13. BIRTHPLACE (State or Foreign Country) **Tennessee** 14. CITIZEN OF WHAT COUNTRY? **U.S.A.** 15. NAME OF HUSBAND OR WIFE **Emmerlyn Butler (Deceased)**

16. FATHER'S NAME **William Butler** 17. MOTHER'S MAIDEN NAME **Unknown Susan Crow** 18. INFORMANT ADDRESS **Ed. H. Butler Bruceston, Tenn.**

MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) **No physician in attendance" 1992**
DUE TO (B) **History indicates death due to Carcinomas**
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 Item 19) **★ ADDITION FROM REPORT**

21C. TIME OF INJURY: HOUR MO. DAY YR. **FILED 11-10-60 P. Int.** REC'D BY STATE OCT 3 '60

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 **R. B. Wilson M.D.** M.D. D.O. OTHER (SPECIFY) ADDRESS **Huntingdon Tenn** DATE **9-19-60**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **9-10-60** 23C. NAME OF Cemetery or Crematory **Butler** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Buena Vista, Carroll, Tenn**

24. FUNERAL HOME ADDRESS **BRUCESTON FUNERAL HOME Bruceston, Tennessee** 25. REGISTRATION DIST. NO. **40918** 26. DATE SIGNED BY LOCAL REG. **9-20-60** 27. REGISTRAR'S SIGNATURE **Jean E. Fields, Dep**

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.
PRINT CLEARLY WITH PERMANENT INK OR TYPEWRITER.
PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST SIGN CERTIFICATE OF DEATH.
MODE OF DEATH: AS HEART, ASTHMA, ETC. GIVE THE DISEASE, INJURY, 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

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