

Dr. Linkins
1673

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER

PHYSICIAN TENDED DURING I MUST G DEFINED DEATH MEDICAL TION. ANY COUNTY FICER OF EXECUTING CATE MUST AND SIGN CERTIFICAT 72 HOURS. SIGNATURE DELEGATED.

CAUSE OF DEATH.

DO NOT GIVE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. GIVE THE DISEASE, INJURY, OR 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.

FORM 120

1994
25
0300

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

DEATH NO. 62-09680

BIRTH NO.		DEATH NO.				
1. NAME <i>Jammie Cochran Hedges</i>		2. DATE OF DEATH <i>April 26, 1962</i>				
3. COLOR OR RACE <i>W</i>	4. SEX <i>M</i>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Single</i>	6. DATE MONTH DAY YEAR OF BIRTH <i>9/4/1907</i>	7. AGE (IN YEARS LAST BIRTHDAY) <i>54</i>	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 <i>Daviess</i>	B. CIVIL DISTRICT <i>1</i>	A. STATE <i>Tenn</i>	B. COUNTY <i>Benton</i>	C. CIVIL DISTRICT <i>4</i>		
C. CITY OR TOWN <i>Nashville, Tenn</i>	D. LENGTH OF STAY IN THIS PLACE <i>10 days</i>	D. CITY OR TOWN <i>Canaan, Tenn Rt</i>	E. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) <i>Baptist Hospital</i>	F. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	F. STREET ADDRESS (OR LOCATION)	G. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) <i>Farmer</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. SOCIAL SECURITY NUMBER <i>441-66-6829</i>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN <input checked="" type="checkbox"/>	IF YES, GIVE WAR OR DATES OF SERVICE		
13. BIRTHPLACE (State or Foreign Country) <i>Benton Co.</i>	14. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	15. NAME OF HUSBAND OR WIFE				
16. FATHER'S NAME <i>Riley Cochran Hedges</i>	17. MOTHER'S MAIDEN NAME <i>Evelyn Bond</i>	18. INFORMANT ADDRESS <i>John Hedges, Canaan, Tenn</i>				
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) <i>Cerebrovascular accident</i> <i>Carcinoma of right colon</i>					1530 331	
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 <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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.		REC'D BY STATE MAY 7 '62				
21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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					DATE	
SIGNATURE <i>David R. Pile</i>		M.D. D.O. OTHER (SPECIFY) <input type="checkbox"/> <input type="checkbox"/>		ADDRESS <i>2114 Mt East</i>		DATE <i>1/17/62</i>
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Buried</i>		23B. DATE OF BURIAL, CREMATION, OR REMOVAL <i>4/28/1962</i>		23C. NAME OF Cemetery or Crematory <i>Pleasant Hill</i>		23D. LOCATION CITY, TOWN OR COUNTY STATE <i>Canaan, Tenn</i>
24. FUNERAL DIRECTOR ADDRESS <i>Canaan Laurel Home, Canaan, Tenn</i>		25. REGISTRATION DIST. NO. <i>21901</i>		26. DATE SIGNED BY <i>5-3-62</i>		27. REGISTRAR'S SIGNATURE <i>John Hedges</i>