

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

TYPE AND 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-DEFINED CAUSE OF DEATH AND SIGN NAME AND SIGNATURE OF ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST BE IN PERMANENT BLUE OR BLACK INK.

CAUSE OF DEATH: DO NOT WRITE IN THIS SPACE. DO NOT WRITE IN THIS SPACE. DO NOT WRITE IN THIS SPACE.

POWER OF ATTORNEY: POWER OF ATTORNEY. POWER OF ATTORNEY. POWER OF ATTORNEY.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

0900  
10  
0900  
BIRTH NO.

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

DEATH NO. 64-23999

1. NAME Joel Lowery Smothers FIRST MIDDLE LAST			2. DATE OF DEATH Sept 2, 1964 MONTH DAY YEAR		
3. COLOR OR RACE white	4. SEX male	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) married	6. DATE MONTH DAY YEAR OF BIRTH May 10, 1886	7. AGE (IN YEARS) LAST BIRTHDAY 78	8. IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.
9. PLACE OF DEATH A. COUNTY Carroll		B. CIVIL DISTRICT 11	9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn B. COUNTY Carroll C. CIVIL DISTRICT 11		
10. CITY OR TOWN Huntingdon		D. LENGTH OF STAY IN THIS PLACE	D. CITY OR TOWN Huntingdon		E. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) Route 1		F. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	F. STREET ADDRESS (OR LOCATION) Route 1		G. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Farming	10B. KIND OF BUSINESS OR INDUSTRY Own farm	11. SOCIAL SECURITY NUMBER 413-12-5524	12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE YES, NO, OR UNKNOWN No		
13. BIRTHPLACE (State or Foreign Country) Illinois	14. CITIZEN OF WHAT COUNTRY? U S	15. NAME OF HUSBAND OR WIFE Maud Bradford Smothers			
16. FATHER'S NAME Lowery Smothers	17. MOTHER'S MAIDEN NAME Elizabeth Pinkston	18. INFORMANT ADDRESS Nevil Smothers, Huntingdon, Tenn.			
19. CAUSE OF DEATH (Enter only one cause per line for (A), (B), (C))					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Chronic Hypertension</i>					443 <i>one year</i>
DUE TO (B) <i>Hypertension + Pulmonary</i>					450 <i>year</i>
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 checked="" 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.	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					
SIGNATURE <i>Ray D. Dillday</i>			M.D. D.O. OTHER (SPECIFY) <input checked="" type="checkbox"/> <input type="checkbox"/>		ADDRESS <i>Huntingdon</i>
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23B. DATE OF BURIAL, CREMATION, OR REMOVAL Sept 3, 1964	23C. NAME OF Cemetery or Crematory Carroll Memorial Gardens, Carroll Co., Tenn		23D. LOCATION CITY, TOWN OR COUNTY STATE
24. FUNERAL DIRECTOR <i>Robert L. Dillday</i>		ADDRESS Huntingdon, Tenn		25. REGISTRATION DIST. NO. 40911	26. DATE SIGNED BY LOCAL REG. 9-9-64
27. REGISTRAR'S SIGNATURE <i>Jean E. Fields, Dep.</i>					DATE Sep 9 1964

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

