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BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

DEATH NO.

62-23401

1. NAME

Lindell

FIRST

MIDDLE

Lynch Sr

LAST

2. DATE OF DEATH

Sept 4 1962

MONTH DAY YEAR

3. COLOR OR RACE

W

4. SEX

M

5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)

Married

6. DATE OF BIRTH

May 12 1909

7. AGE (IN YEARS) LAST BIRTHDAY

53

IF UNDER 1 YR. MONTHS

DAYS

IF UNDER 24 HRS. HOURS

MINS.

8. PLACE OF DEATH

A. COUNTY

Benton

B. CIVIL DISTRICT

5

9. USUAL RESIDENCE OF DECEASED

(Where Deceased Lived. If Institution, Residence Before Admission)

A. STATE

Tenn

B. COUNTY

Benton

C. CIVIL DISTRICT

C. CITY OR TOWN

Camden

D. LENGTH OF STAY IN THIS PLACE

Life

D. CITY OR TOWN

Camden

E. INSIDE CITY LIMITS?

YES NO

E. NAME OF HOSPITAL OR INSTITUTION

(If not in Hospital or Institution, Give Street Address or Location)

113 W Lake Camden

F. INSIDE CITY LIMITS?

YES NO

F. STREET ADDRESS (OR LOCATION)

G. IS RESIDENCE ON A FARM?

YES NO

10A. USUAL OCCUPATION

(Kind of Work Done During Most of Working Life, Even if Retired)

Construction Worker

10B. KIND OF BUSINESS OR INDUSTRY

Construction Worker

11. SOCIAL SECURITY NUMBER

415-01-4571

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)

Tenn

14. CITIZEN OF WHAT COUNTRY?

Tenn

15. NAME OF HUSBAND OR WIFE

Mrs Estelle Lynch

16. FATHER'S NAME

Allen Lynch

17. MOTHER'S MAIDEN NAME

Brace Loveland

18. INFORMANT ADDRESS

Mrs Estelle Lynch, Camden

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)

Cerebrovascular accident

331

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last

DUE TO (B)

Hypertension

444

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)

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

Camden Tenn

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE

Joseph A. [Signature]

M.D. D.O. OTHER (SPECIFY)

ADDRESS

DATE

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23B. DATE OF BURIAL, CREMATION, OR REMOVAL

9-6-62

23C. NAME OF Cemetery or Crematory

Camden

23D. LOCATION CITY, TOWN OR COUNTY STATE

Camden Tenn

24. FUNERAL DIRECTOR

ADDRESS

Stuckdale-Melvin Camden Tenn

25. REGISTRATION DIST. NO.

20305

26. DATE SIGNED BY LOCAL REG.

9-10-62

27. REGISTRAR'S SIGNATURE

Carolyn Jones, Reg.

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-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER, CORONER, EXECUTIVE, COMPLETE AND CERTIFY WITHIN 72 HOURS AFTER 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.

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