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

58-00051

BIRTH NO. _____ DEATH NO. _____
1. NAME Earl Mitchell 2. DATE OF DEATH Jan 25 1958
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE W 4. SEX M 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 6. DATE MONTH DAY YEAR OF BIRTH Dec 3 1894 7. AGE IN YEARS LAST BIRTHDAY) 63 IF UNDER 1 YR. IF UNDER 24 HRS. MONTHS DAYS 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 5 C. CITY OR TOWN Camden D. LENGTH OF STAY IN THIS PLACE _____ D. CITY OR TOWN Camden R 3 E. INSIDE CITY LIMITS? YES NO E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) Route 3 F. INSIDE CITY LIMITS? YES NO G. IS RESIDENCE ON A FARM? YES NO G. STREET ADDRESS (OR LOCATION) _____

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Farmer 10B. KIND OF BUSINESS OR INDUSTRY _____ 11. SOCIAL SECURITY NUMBER 412-52-4456 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE YES, NO, OR UNKNOWN _____ 13. BIRTHPLACE (State or Foreign Country) Tenn 14. CITIZEN OF WHAT COUNTRY? _____ 15. NAME OF HUSBAND OR WIFE Mrs Earle Mitchell 16. FATHER'S NAME Rube Mitchell 17. MOTHER'S MAIDEN NAME Elsie Jean Camp 18. INFORMANT ADDRESS _____

19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) CVA 420.1 3 hrs. DUE TO (B) Fibrillating heart 331 9 months DUE TO (C) Coronary Artery occlusion 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 RECEIVED

21A. ACCIDENT SUICIDE HOMICIDE 21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19) _____ FEB 14 1958 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 BW Crawford M.D. D.O. OTHER (SPECIFY) _____ ADDRESS Camden Tenn DATE 2/6/58

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL 1-27-58 23C. NAME OF Cemetery or Crematory Classmont Hill 23D. LOCATION CITY, TOWN OR COUNTY STATE Camden Tenn

24. FUNERAL DIRECTOR Stoekdel-Melie ADDRESS Camden 25. REGISTRATION DIST. NO. 40305 26. DATE SIGNED BY 2/10/58 27. REGISTRAR'S SIGNATURE Imogene Rabins, Dep.

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER, CORONER COMPLETE WITHIN POWER OF DEATH.

MODE OF DEATH. S HEART THENIA, HE DISR, OR WHICH

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