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BIRTH NO.

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

DEATH NO. **56-17441**

1. NAME **Thomas, Jordan Smathers** 2. DATE OF DEATH **Aug 8 1956**
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **W** 4. SEX **M** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** 6. DATE OF BIRTH **Oct 13-1871** 7. AGE (IN YEARS) **84** 8. IF UNDER 1 YR. MONTHS 9. 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 **Benton** B. CIVIL DISTRICT **4** A. STATE **Tenn** B. COUNTY **Benton** C. CIVIL DISTRICT **4**
C. CITY OR TOWN **Camden** D. LENGTH OF STAY IN THIS PLACE 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) 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) **Retired Farmer** 10b. KIND OF BUSINESS OR INDUSTRY
11. SOCIAL SECURITY NUMBER **None** 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE
13. BIRTHPLACE (State or Foreign Country) **Tenn.** 14. CITIZEN OF WHAT COUNTRY? 15. NAME OF HUSBAND OR WIFE **Martha Elizabeth Smathers**
16. FATHER'S NAME **James F Smathers** 17. MOTHER'S MAIDEN NAME **Elizabeth Barnes** 18. INFORMANT ADDRESS **Albert Smathers Camden Tenn**

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) **Cardiac Failure** INTERVAL BETWEEN ONSET AND DEATH **4.22.1**
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last } DUE TO (B) **Myocarditis**
DUE TO (C) **Atherosclerosis**
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) **486E1026**

21c. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M. **SEP 10 1956**

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 **Camden Tenn** CITY, TOWN OR VILLAGE COUNTY STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE **R T Keeton** M.D. D.O. OTHER (SPECIFY) ADDRESS **Brenton Tenn** DATE **8-10-56**

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23b. DATE OF BURIAL, CREMATION, OR REMOVAL **8-9-56** 23c. NAME OF Cemetery or Crematory **Pleasant Hill** 23d. LOCATION CITY, TOWN OR COUNTY STATE **Camden Tenn**

24. FUNERAL DIRECTOR **Stoddard Mabie Camden Tenn** ADDRESS 25. REGISTRATION DIST. NO. **40304** 26. DATE SIGNED BY **8-20-56** 27. REGISTRAR'S SIGNATURE **Imogene Rhine, Dy.**

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 OR CORONER EXECUTING THIS CERTIFICATE COMPLETE MEDICAL CERTIFICATION WITHIN 72 HOURS AFTER DEATH. THIS CERTIFICATE CANNOT BE

DEATH. MODE OF DEATH: HEART DISEASE, STROKE, OR OTHER WHICH

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