

TENNESSEE DEPARTMENT OF HEALTH **CERTIFICATE OF DEATH**

STATE FILE NUMBER

DECEDENT	1. DECEDENT'S LEGA		Jule, Last, Sull	îx)					2. SEX	;	3. DATE OF DE	EATH (Month, Day, Year)	
	 TIME OF DEATH (Approx.) 	5a. AGE-Last Birthday (Years)	5b. UNDER 1 Months	Days	5c. UNDE Hours	R 1 DAY Minutes	6. DATE O	BIRTH	I (Month, Day, Ye	ear)	 BIRTHPLAC Country) 	E (City and State or Foreign	
	A FF - 7		WOTUIS	Days	TIOUIS	Williates							
TYPE/PRINT		1				CE OF DEATH							
IN PERMANENT	IF DEATH OCCURRED					E OTHER THA							
BLACK INK		Itpatient DOA	Hospice 1		-	/Long term care	facility D	eceden	t's home Othe	r residence	Other (Specify		
Ê	8b. FACILITY NAME (If	f not institution, give	e street and nu	mber)	8c. CITY OR TOWN						8d. COUNTY OF DEATH		
Institution)	9. MARITAL STATUS 10. SURVIVING SPOUSE (If wife,						e	11a. DECEDENT'S USUAL			11b. KIND OF	BUSINESS/INDUSTRY	
	Married Married, but separated Widowed			name prior to first marriage)				OCCUPATION					
an oi			Unknown					101 0	0111171/			7014	
ysici	12. SOCIAL SECURITY NUMBER 13a. RESIDENCE			-STATE OR FOREIGN COUNTRY				13b. COUNTY			13c. CITY OR TOWN		
by Physician or	13d. STREET AND NU	13e. INSIDE CITY			Y LIMITS	13f. ZIP CODE			14. WAS DECEDENT EVER IN US ARMED				
			Yes 🗇						FORCES? Yes No				
(For use	15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of				 DECEDENT OF HISPANIC ORIGIN? (Check to box that best clescribes whether the decedent is 								
	school completed at the time of death)			Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)				White Vietnamese					
DE	8th grade or less 9th – 12th grade; no diploma			No, not Spanish/Hispanic/Latino					Black or African			Other Asian (Specify)	
DECL	High school graduate	Yes, Mexican, Mexican American, Chicano					American India (Name of the er			lative Hawaiian			
OF L	Some college credit, but no degree			Yes, Puerto Rican				tribe)			Guamanian or Chamorro		
NAME OF DECEDENT	Associate degree (e			Yes	, Cuban				Asian Indian			amoan hther Pacific Islander (Specify)	
NN N	Bachelor's degree (e Master's degree (e.g	• • • • •		Yes	, other Span	ish/Hispanic/La	tino (Specify)		Chinese				
	Doctorate (e.g., PhD		,					-] Filipino] Japanese			Other (Specify)	
	(e.g., MD, DDS, DVN Unknown	M, LLB, JD)		Unki	nown				☐ Japanese] Korean		-	Inknown	
	18. FATHER'S NAME ((First, Middle, Last)					19. MOTHE	R'S NA	ME PRIOR TO FI	RST MARRIAG			
PARENTS													
	20a. INFORMANT'S NA	AME		:	20b. RELAT	IONSHIP TO D	ECEDENT	20c.	MAILING ADDRI	ESS (Street and	d Number, City	, State, Zip Code)	
	21a. METHOD OF DISE	POSITION D BU	rial Crema	ation	21b. PLACE	OF DISPOSIT	ION (Name o	f cemete	ery, 21	1c. LOCATION	- City or Town	and State	
DISPOSITION	Donation Entombment Removal from State crematory, other place)												
	Other (Specify) 22a. SIGNATURE OF F	UNERAL DIRECT	OR		22h ICEN		22c SIG	NATU	RE OF EMBALME	R	22	2d. LICENSE NUMBER	
	►												
	23a. NAME AND ADDF	RESS OF FUNERA	L HOME				•			231	D. LICENSE NU	IMBER OF FUNERAL HOME	
	^{24.} REGISTRAR'S SIG												
REGISTRAR								25 D/	AIF FILED (Mont				
	26. CERTIFIER (Check							25. D /	ATE FILED (Mont	n, Day, Year)			
CERTIFIER		only one):						25. D /	ATE FILED (Mont	n, Day, rear)			
	26a. 🗆 PHYSICIA	AN -To the best of	, ,			• •		cause(s	s) and manner sta	ited.			
PHYSICIAN	26b. 🛛 MEDICAL	AN -To the best of EXAMINER - O	, ,			tigation, in my o	pinion, death	cause(s	s) and manner sta	ited. d place, and du		s) and manner stated.	
PHYSICIAN OR MEDICAL		AN -To the best of EXAMINER - O	, ,			• •	pinion, death	cause(s	s) and manner sta	ited. d place, and du	e to the cause(SIGNED (Mon		
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