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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 OR CORONER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

#### CAUSE OF DEATH.

DO NOT GIVE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. GIVE THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED 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 PUBLIC HEALTH CERTIFICATE OF DEATH DIVISION OF VITAL STATISTICS STATE OF TENNESSEE

BIRTH NO.

332

DEATH NO.

1824

1. NAME		Nora Kathleen Bates		2. DATE OF DEATH		4/10/64	
FIRST		MIDDLE		LAST		MONTH DAY YEAR	
3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE MONTH DAY YEAR OF BIRTH	7. AGE (IN YEARS) LAST BIRTHDAY	8. IF UNDER 1 YR. MONTHS DAYS	9. IF UNDER 24 HRS. HOURS MINS.	
W	F	WIDOW	10/15/75	88			
8. PLACE OF DEATH				9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)			
A. COUNTY		B. CIVIL DISTRICT		A. STATE		B. COUNTY	
Shelby				Tenn		Shelby	
C. CITY OR TOWN		D. LENGTH OF STAY IN THIS PLACE		D. CITY OR TOWN		E. INSIDE CITY LIMITS?	
Memphis				Memphis 031		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)		F. INSIDE CITY LIMITS?		F. STREET ADDRESS (OR LOCATION)		G. IS RESIDENCE ON A FARM?	
Mustin Nursing Home		<input checked="" type="checkbox"/> NO <input type="checkbox"/>		2165 Cowden		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. SOCIAL SECURITY NUMBER		12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE	
Home						YES, NO, OR UNKNOWN	
13. BIRTHPLACE (State or Foreign Country)		14. CITIZEN OF WHAT COUNTRY?		15. NAME OF HUSBAND OR WIFE			
Ark.		USA					
16. FATHER'S NAME		17. MOTHER'S MAIDEN NAME		18. INFORMANT ADDRESS			
J. D. Simmons		Laurette McDermott		Mrs. Ben Simmons - 1035 Goodman			
MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C)							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)						6 mos	
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last							
DUE TO (B) Cerebral Arteriosclerosis						3 yrs	
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		21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)					
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>							
21C. TIME OF INJURY: HOUR NO. 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	
<input checked="" type="checkbox"/> <input type="checkbox"/>							
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE							
SIGNATURE		MED. M.D. EXAM. D.O. OTHER (SPECIFY)		ADDRESS		DATE	
J. M. Witherington		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1888 Bellvue Memphis, Tenn.		13 Apr 64	
23A. BURIAL, CREMATION, REMOVAL (SPECIFY)		23B. DATE OF BURIAL, CREMATION OR REMOVAL		23C. NAME OF Cemetery or Crematory		23D. LOCATION CITY, TOWN OR COUNTY STATE	
Burial		4/11/64		Elmwood		Memphis, Tenn.	
24. FUNERAL DIRECTOR ADDRESS		25. REGISTRATION DIST. NO.		26. DATE SIGNED BY LOCAL REG.		27. REGISTRAR'S SIGNATURE	
Memphis Funeral Home - Memphis		791		APR 15 1964		L.M. Brainerd	

Boedne Racker Deputy