

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

264

331

733

THIS RECORD 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 CERTIFICATE. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER SECURING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 2 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

MODE OF DEATH.

DO NOT GIVE MODE OF DEATH SUCH AS HEART FAILURE, ASTHMA, TC. OR THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

GENERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 2 HOURS AFTER DEATH AND PRIOR TO REMOVAL BY BURIAL OR CREMATION.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

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

BIRTH NO.		331		DEATH NO.		733	
1. NAME JAMES EVERETT		M. E. Quiston		2. DATE OF DEATH 9-10-61			
3. COLOR OR RACE W		4. SEX M		5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		6. DATE MONTH DAY YEAR OF BIRTH 4-30-1879	
7. AGE (IN YEARS LAST BIRTHDAY) 81		IF UNDER 1 YR. MONTHS DAYS		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 SHELBY		B. CIVIL DISTRICT		A. STATE TENN		B. COUNTY TIPTON	
C. CITY OR TOWN Memphis		D. LENGTH OF STAY IN THIS PLACE		D. CITY OR TOWN ATOKA OOO		E. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Locality) METHODIST		F. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		F. STREET ADDRESS (OR LOCATION) R. 2		G. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) RURAL MAIL CARRIER		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	
13. BIRTHPLACE (State or Foreign Country) TENN		14. CITIZEN OF WHAT COUNTRY? USA		15. NAME OF HUSBAND OR WIFE WINNIE WOLFE McQuiston			
16. FATHER'S NAME HUGH BRYSON McQuiston		17. MOTHER'S MAIDEN NAME ANNIE FAULKNER		18. INFORMANT ADDRESS MRS Winnie McQuiston			
19. CAUSE OF DEATH		MEDICAL CERTIFICATION ATOKA TENN R2		INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cerebrovascular Accident		DUE TO (B) _____					
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last		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 <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)					
21C. TIME OF INJURY: HOUR NO. DAY YR. A.M. P.M.							
21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 [Signature] M.D. D.O. OTHER (SPECIFY) <input checked="" type="checkbox"/> <input type="checkbox"/>		ADDRESS Methodist Hospital		DATE 9-10-61	
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		23B. DATE OF BURIAL, CREMATION, OR REMOVAL FEB. 14, 1961		23C. NAME OF Cemetery or Crematory SALEM		23D. LOCATION CITY, TOWN OR COUNTY STATE TIPTON COUNTY TENN	
24. FUNERAL DIRECTOR ADDRESS MONEY FUNERAL HOME COVINGTON TENN		25. REGISTRATION DIST. NO. 791		26. DATE SIGNED BY LOCAL REG. FEB 14 1961		27. REGISTRAR'S SIGNATURE L.M. Graves	
						By [Signature]	