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K 46-5717

L-7B "B" Marshalltown Tenn Sec 2  
CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH

VITAL RECORDS

Budget Bldgs.

2010 PORTAGE MAIL

PORTAGE, IND 46368

6455

STATE FILE NO.

967838

1. DECEASED—NAME <b>CHARLIE</b>		FIRST <b>MCKISSACK, JR.</b>		LAST		DATE OF DEATH (MONTH, DAY, YEAR) <b>10/21/79 9:20 PM</b>	
3. AGE—LAST BIRTHDAY (YEARS) <b>52</b>		4. DATE OF BIRTH (MONTH, DAY, YEAR) <b>12/31/26</b>		5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) <b>Black</b>		6. SEX <b>Male</b>	
7a. COUNTY OF DEATH <b>Shelby</b>		7b. CITY, TOWN OR LOCATION <b>Memphis</b>		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b>		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN OTHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.) <b>VA Hospital</b>	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Arkansas</b>		9. CITIZEN OF WHAT COUNTRY <b>USA</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Divorced</b>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY) <b>432 54 8868</b>		12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE) <b>WW II</b>		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Switchman</b>		13b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	
14a. RESIDENCE—STATE <b>Arkansas</b>		14b. COUNTY <b>Cross</b>		14c. CITY, TOWN, OR LOCATION <b>Wynne</b>		14d. STREET AND NUMBER <b>1020 West Cogbill</b>	
15. FATHER—NAME <b>Charlie McKissack</b>		16. MOTHER—MAIDEN NAME <b>Sarah Glover</b>		17. INFORMANT—NAME <b>VA Hospital Rcds., &amp; Larry McKissack</b>		18. MAILING ADDRESS	
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) <b>Removal</b>		18b. DATE (MONTH, DAY, YEAR) <b>10/22/79</b>		18c. CEMETERY OR CREMATORY—NAME <b>Mt. Moriah Cem.</b>		18d. LOCATION <b>Vandale, Ark.</b>	
19a. FUNERAL DIRECTOR (SIGNATURE)		19b. LICENSE NO.		19c. EMBALMER (SIGNATURE)		19d. LICENSE NO.	
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Kennedy Funeral Home, Wynne, Ark.</b>				21. REGISTRAR—SIGNATURE <b>Wilma DeShoaz</b>			
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. <b>from 10/15/79 to 10/21/79</b>		SIGNATURE <b>Freddie T. Barron</b>		DEGREE <b>Deputy</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>10/21/79</b>	
22b. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE		TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. CERTIFIER—NAME (TYPE OR PRINT) <b>FREDDIE T. BARRON, M.D.</b>		MAILING ADDRESS <b>VA Hospital, Memphis</b>		STREET OR R.F.D. NO.		CITY OR TOWN	
24a. 25. PART I. DEATH WAS CAUSED BY:		24b. MAILING ADDRESS		STREET OR R.F.D. NO.		CITY OR TOWN	
IMMEDIATE CAUSE <b>Cardiac arrest</b>		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:	
(b) <b>Hepatorenal syndrome</b>		(c) <b>Primary Peritonitis</b>				5 minutes	
						24 hours	
						2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		AUDITOR <b>Charles M. Anton</b>		AUDITOR LAKE COUNTY		AUTOPSY (YES OR NO) <b>NO</b>	
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		27b. DATE OF INJURY (MONTH, DAY, YEAR)		27c. HOUR <b>M.</b>		27d. DESCRIBE HOW INJURY OCCURRED	
27e. INJURY AT WORK (SPECIFY YES OR NO)		27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		27g. LOCATION		STREET OR R.F.D. NO.	
						CITY OR TOWN	
						STATE	

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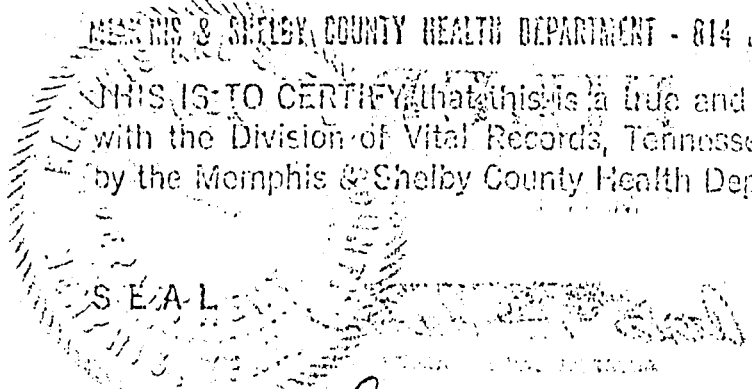
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MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT - 814 JEFFERSON AVENUE, MEMPHIS, TENNESSEE

THIS IS TO CERTIFY that this is a true and correct copy of the record filed with the Division of Vital Records, Tennessee Department of Public Health by the Memphis & Shelby County Health Department.



Date Issued Dec. 3, 1979 By Robert E. Burke  
Robert E. Burke, Director  
Division of Vital Records