

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT  
**CERTIFICATE OF DEATH**

000707

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FEE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) <i>Charlie Cox</i>				2 SEX Male	3 DATE OF DEATH (Month, Day, Year) <i>December 7, 1991</i>
4. SOCIAL SECURITY NUMBER (of Decedent) 412-12-6050		5a. AGE - LAST BIRTHDAY (Years) 67	5b. DATE OF BIRTH (Month, Day, Year) 5-3-1924	7. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee	
8. WAS DECEDENT EVER IN US ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9. PLACE OF DEATH (Check only one) HOSPITAL <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) <i>Regional Medical Center</i>		9b. CITY, TOWN OR LOCATION OF DEATH Memphis		9c. COUNTY OF DEATH Shelby	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife give maiden name) Ida Taylor		12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pharmacist	
12b. KIND OF BUSINESS/INDUSTRY Self-Employed		13a. RESIDENCE - STATE Tennessee		13b. COUNTY Shelby	
13c. CITY, TOWN OR LOCATION Memphis		13d. STREET AND NUMBER OR RURAL LOCATION 2412 Hunter			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38108		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
15. RACE - American Indian, Black, White, etc (Specify) Black		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5			
17. FATHER'S NAME (First, Middle, Last) Charles Cox			18. MOTHER'S NAME (First, Middle, Maiden Surname) Daisy Sain		
19a. INFORMANT'S NAME (Type/Print) Jacqueline Jerry		19b. RELATIONSHIP TO DECEASED Daughter		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2351 W. 20th, Gary, Ind. 46404	
20a. MANNER OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other facility) National Cemetery		20c. LOCATION - City or Town, State Memphis, Tennessee	
21. SIGNATURE OF FUNERAL DIRECTOR <i>John A. Oates</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4066		21c. SIGNATURE OF EMBALMER <i>J. J. Shivers</i>	
21d. LICENSE NUMBER OF EMBALMER 3628		22a. NAME AND ADDRESS OF FUNERAL HOME J. C. Oates & Sons, 314 Auction, Memphis, TN. 38105		22b. LICENSE NUMBER OF FUNERAL HOME 218	
23. REGISTRAR'S SIGNATURE <i>Dennis H. LaLonde, Deputy</i>			24. DATE FILED (Month, Day, Year) DEC 17 1991		
25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Dennis M. Conlon, M.D.</i>					
25b. LICENSE NUMBER 021714		25c. DATE SIGNED (Month, Day, Year) 12/7/91			
25a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER					
25b. LICENSE NUMBER		25c. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <i>Dennis M. Conlon, 877 Jefferson, Memphis, TN. 38103</i>					
28. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the kind of thing, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>Meningeal cerebral bleed</i> DUE TO (OR AS A CONSEQUENCE OF) <i>M. Conlon</i> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending investigation 6 <input type="checkbox"/> Could not be determined		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY	
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED			
32a. PLACE OF DEATH - In home, farm, prison, factory, office, hospital, etc. (Specify)		32b. STREET AND NUMBER OF DEATH PLACE			
28a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

91-APR-29 AM 9:38

SMUEL BRUNCH RECORDER

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

# 45-229-446

94032225

4640

3551 Hwy

C1832

600