

Barbara George, 6149 Kennedy Ave., Hammond
 Metropolitan Government of Nashville and Davidson County
 #16303

Philip Bredesen, Mayor



METROPOLITAN HEALTH DEPARTMENT
 311 23rd AVENUE, NORTH
 NASHVILLE, TENNESSEE 37203
 (615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

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STOP

RESISTANCE IS FUTILE

INDIANA

CONCORD CEMETERY

White Plains, KY

95 FEB 24 AM 11:35

FILED FOR RECORD

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60

1 DECEASED'S NAME (First, Middle, Last) Edgar Lee Carlton

2 SEX Male

3 DATE OF DEATH (Month, Day, Year) January 14, 1992

4 SOCIAL SECURITY NUMBER (Last 4 digits) 403 36 0061

5 AGE (Years) 61

6 DATE OF BIRTH (Month, Day, Year) October 4, 1930

7 BIRTHPLACE (City and State or Foreign Country) Daniel Boone, KY

8 WAS DECEASED EVER IN U.S. ARMED FORCES SERVICE? Yes No

9 RACE OF DEATH (Check only one) Other Other (Specify)

10 FACILITY NAME (If not institution, give street and number) DVA Medical Center

11 CITY, TOWN OR LOCATION OF DEATH Nashville

12 COUNTY OF DEATH Davidson

13 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married

14 SURVIVING SPOUSE (If wife, give maiden name) Lula Belle Oglesby

15 DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver, retired

16 KIND OF BUSINESS/INDUSTRY

17 RESIDENCE - STATE Kentucky

18 COUNTY Lyon

19 CITY, TOWN OR LOCATION Eddyville

20 STREET AND NUMBER OR RURAL LOCATION P.O. Box 1072

21 INSURE CITY 1 Yes No

22 ZIP CODE 42038

23 WAS DECEASED OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No

24 RACE - American Indian, Black, White, etc. (Specify) White

25 DECEASED'S EDUCATION (Specify only highest grade completed) 12

26 FATHER'S NAME (First, Middle, Last) Lawrence Carlton

27 MOTHER'S NAME (First, Middle, Maiden Surname) Goldie Vandiver

28 INFORMANT'S NAME (Type/Private) DVA Files

29 RELATIONSHIP TO DECEASED None

30 MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1310 24th Avenue South Nashville, TN 37212-2637

31 METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify)

32 PLACE OF DISPOSITION (Name of cemetery, crematorium or other facility) Concord Cemetery

33 LOCATION - City or Town, State White Plains, KY

34 SIGNATURE OF FUNERAL DIRECTOR Michael Bandy

35 LICENSE NUMBER OF FUNERAL DIRECTOR KY 3994

36 SIGNATURE OF EMBALMER Michael Bandy

37 LICENSE NUMBER OF EMBALMER KY 3994

38 NAME AND ADDRESS OF FUNERAL HOME Bandy Funeral Home P.O. Box 6, Nortonville, KY 42442

39 REGISTRAR'S SIGNATURE Mary C. Cantelero

40 DATE FILED (Month, Day, Year) January 28, 1992

41 SIGNATURE AND TITLE OF PHYSICIAN [Signature]

42 LICENSE NUMBER MD 005878

43 DATE SIGNED (Month, Day, Year) January 27, 1992

44 MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, place, and due to the cause(s) and manner as stated

45 SIGNATURE AND TITLE OF MEDICAL EXAMINER

46 LICENSE NUMBER

47 DATE SIGNED (Month, Day, Year)

48 NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Private) Roger M. Des Prez, M.D. 1310 24th Avenue South Nashville, TN 37212-2637

49 PART I - Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, 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) Metastatic Small Cell Lung Cancer

50 DUE TO (OR AS A CONSEQUENCE OF)

51 DUE TO (OR AS A CONSEQUENCE OF)

52 DUE TO (OR AS A CONSEQUENCE OF)

53 PART II - CODE (SIC) (SIC) (SIC) contributing to death but not resulting in the underlying cause given in Part I

54 WAS AN AUTOPSY PERFORMED? Yes No

55 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

56 MANNER OF DEATH

57 DATE OF INJURY (Month, Day, Year)

58 TIME OF INJURY

59 INJURY AT WORK? Yes No

60 DESCRIBE HOW INJURY OCCURRED

61 PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

62 LOCATION (Street and Number or Rural Route Number, City or Town, State)

FILED

FEB 24 1992

SAM ORLICH
 AUDITOR LAKE COUNTY

Key# 33-82-52
 Foggy + Hammonds Add.
 W. 10ft. L. 52 Bl. 2
 All L. 53 Bl. 2

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