



TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER

Key # 46-130-13

E/PRINT IN PERMANENT INK FOR DUPLICATIONS AND BOOK

1. DECEDENT'S NAME (First, Middle, Last) <b>Oliver Hill</b>				2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>August 7, 2003</b>	
4. SOCIAL SECURITY NUMBER (of Decedent) <b>317-09-7716</b>		5a. AGE-LAST BIRTHDAY (Years) <b>89</b>	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) <b>May 18, 1914</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Mound Bayou, Mississippi</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input checked="" type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) <b>Regional Forensic Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis</b>		9d. COUNTY OF DEATH <b>Shelby</b>		
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) <b>Never Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Steel Mill Worker</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Factory</b>
13a. RESIDENCE-STATE <b>Tennessee</b>		13b. COUNTY <b>Shelby</b>		13c. CITY, TOWN OR LOCATION <b>Memphis</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>1591 Carpenter St.</b>
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE <b>38108</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) <b>Black</b>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>8</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				
17. FATHER'S NAME (First, Middle, Last) <b>Henry Hill</b>			18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Penny Armstead</b>			
19a. INFORMANT'S NAME (Type/Print) <b>Henrietta Cohn</b>		19b. RELATIONSHIP TO DECEASED <b>SISTER</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1591 Carpenter St., Memphis, TN 38108</b>		
20a. METHOD 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 place) <b>New Park Cemetery</b>		20c. LOCATION-City or Town, State <b>Memphis, Tennessee</b>		
21a. SIGNATURE OF FUNERAL DIRECTOR <b>Curtis D. Temes</b>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>3066</b>		21c. SIGNATURE OF EMBALMER <b>Wendell Naylor</b>		
21d. LICENSE NUMBER OF EMBALMER <b>4794</b>		22. NAME AND ADDRESS OF FUNERAL HOME <b>Southern Funeral Home 440 Vance Avenue, Memphis, TN 38126</b>				
22b. LICENSE NUMBER OF FUNERAL HOME <b>790</b>		23. REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>Deputy</b> <b>AUG 18 2003</b>				
24. DATE FILED (Month, Day, Year) <b>AUG 18 2003</b>		25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN 25b. LICENSE NUMBER 25c. DATE SIGNED (Month, Day, Year)				
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER <i>[Signature]</i>		26b. LICENSE NUMBER <b>12401</b>		26c. DATE SIGNED (Month, Day, Year) <b>August 8, 2003</b>		
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>O.C. Smith, M.D. 1060 Madison Avenue, Memphis, TN 38104</b>						
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					Approximate Interval Between Onset and Death	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		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 <b>20012</b>	
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)			31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS FORM IS PREPARED BY THE REGISTRAR

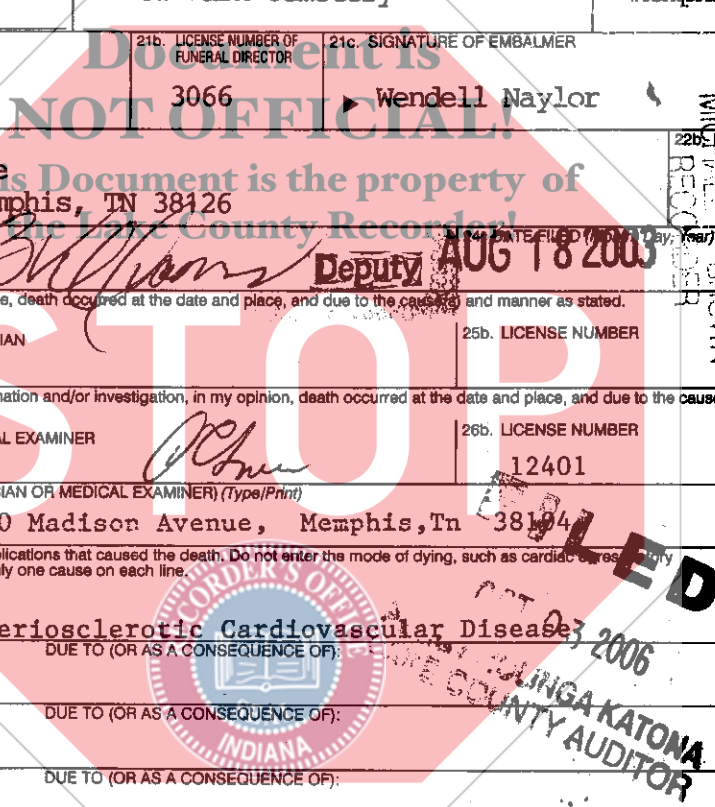
DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING THIS CERTIFICATE MUST SIGN AND SIGNATURE CERTIFICATION 48 HOURS.

INSTRUCTIONS OTHER SIDE  
CAUSE OF DEATH



REC'D  
2003 AUG 9 PM 4:03  
MEMPHIS  
COUNTY CLERK

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