

STATE OF TENNESSEE
Office of Vital Records



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE
NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

NAME OF DECEDENT
For use by physician or institution

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE.

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) Edith Imogene Bunton		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) April 14, 2009
4. SOCIAL SECURITY NUMBER (of Deceased) 429-48-1277	5a. AGE - LAST BIRTHDAY (Years) 79	5b. UNDER 1 YEAR MOE DAYS	5c. UNDER 1 DAY HOURS MIN
6. DATE OF BIRTH (Month, Day, Year) Dec 27, 1929		7. BIRTHPLACE (City and State or Foreign Country) Rock Creek, Arkansas	
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 checked="" 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)			
9b. FACILITY NAME (If not institution, give street and number) Middle Tennessee Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Murfreesboro	
9d. COUNTY OF DEATH Rutherford		10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	
11. SURVIVING SPOUSE (If wife, give maiden name) Arthur W. Bunton		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Manager	
12b. KIND OF BUSINESS/INDUSTRY Office		13a. RESIDENCE-STATE Tennessee	
13b. COUNTY Rutherford		13c. CITY, TOWN OR LOCATION Murfreesboro	
13d. STREET AND NUMBER OR RURAL LOCATION 3341 Granite Springs Way		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 Specify, if yes:	
15. RACE—American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) 3	
17. FATHER'S NAME (First, Middle, Last) Ike Baysinger		18. MOTHER'S NAME (First, Middle, Maiden Surname) Lilly Patterson	
19a. INFORMANT'S NAME (Type/Print) Mr. Arthur W. Bunton		19b. RELATIONSHIP TO DECEASED Husband	
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3341 Granite Springs Way Murfreesboro Tennessee 37130-		20a. METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input checked="" type="checkbox"/> Other (Specify) Entombment	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Roselawn Memorial Gardens		20c. LOCATION—City or Town, State Murfreesboro Tennessee	
21a. SIGNATURE OF FUNERAL DIRECTOR Jerry O. Lowery, Sr		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 2712	21c. SIGNATURE OF EMBALMER Thomas Bucher
21d. LICENSE NUMBER OF EMBALMER 6018		22a. NAME AND ADDRESS OF FUNERAL HOME Woodfin Memorial Chapel P O Box 636, Murfreesboro, Tennessee 37133	
22b. LICENSE NUMBER OF FUNERAL HOME 179		23. REGISTRAR'S SIGNATURE <i>Lisa G Kilgore</i>	
24. DATE FILED (Month, Day, Year) April 29, 2009		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 checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Elizabeth S. Bray</i>	
25b. LICENSE NUMBER IN 1967E		25c. DATE SIGNED (Month, Day, Year) 4/27/09	
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated: 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER	
26c. DATE SIGNED (Month, Day, Year)		26d. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Elizabeth Bray 1004 N. Highland Ave. Murfreesboro, TN 37130			
28. PART I: Enter the disease, injuries, or complications 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) → Coronary Disease DUE TO (OR AS A CONSEQUENCE OF): a. Hypertension DUE TO (OR AS A CONSEQUENCE OF): b. Hypertensive DUE TO (OR AS A CONSEQUENCE OF): c. Hypertensive DUE TO (OR AS A CONSEQUENCE OF): d. Hypertensive			
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> No <input type="checkbox"/> Yes		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> No <input type="checkbox"/> Yes	
30. MANNER OF DEATH 1 <input 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 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		31e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

2009 06 17 55

2009 SEP -9 AM 9:24

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

920095298
TICOR TITLE INS.

FILED

SEP 04 2009
REGGY HOLINGA KATONA
LAKE COUNTY CLERK

B 11
T I
C R

PH-1659 (REV. 6/99)

BIRTH NO.

RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

3267109

012727

Sharon M. Leinbach
Sharon M. Leinbach
STATE REGISTRAR

Lisa G Kilgore
Lisa G Kilgore, Local Registrar
Rutherford Co Health Department

Date Issued

CERTIFICATION OF VITAL RECORD

