

**STATE OF TENNESSEE
Office of Vital Records**



**TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

STATE FILE NUMBER

45-06-01-478-020-00-023

TYPE/PRINT IN PERMANENT BLACK INK
INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) Ruth Louise Lewellen				2. SEX Female	3. DATE OF DEATH (Month, Day, Year) April 8, 2009
4. SOCIAL SECURITY NUMBER (of Deceased) 424-32-6319	5a. AGE LAST BIRTHDAY (Years) 81	5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) Mar. 18, 1928	7. BIRTHPLACE (City and State or Foreign Country) Dora, Alabama
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 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)			
9b. FACILITY NAME (If not institution, give street and number) Jackson Madison Co. Gen. Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Jackson		9d. COUNTY OF DEATH Madison	
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker	
12b. KIND OF BUSINESS/INDUSTRY Own Home		13a. RESIDENCE STATE TN		13b. COUNTY Perry	
13c. CITY, TOWN OR LOCATION Linden		13d. STREET AND NUMBER OR RURAL LOCATION 4363 Marsh Creek Rd.			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 37096		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) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12			
17. FATHER'S NAME (First, Middle, Last) Edgar O'Gwin Martin			18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Frances Levan		
19a. INFORMANT'S NAME (Type/Print) Judith R. Killian		19b. RELATIONSHIP TO DECEDENT Sister		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3267 Sharon Blvd., Quinton, AL 35130	
20a. METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input checked="" 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) Davis Cemetery		20c. LOCATION-City or Town, State Dora, AL	
21a. SIGNATURE OF FUNERAL DIRECTOR Luther D. Watts		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 04989		21c. SIGNATURE OF EMBALMER Billy G. Yarbrough	
21d. LICENSE NUMBER OF EMBALMER 3960		22a. NAME AND ADDRESS OF FUNERAL HOME Bell Funeral Home Sumiton P.O. Box 1239, Sumiton, AL 35148		22b. LICENSE NUMBER OF FUNERAL HOME 0787	
23. REGISTRAR'S SIGNATURE <i>Shirley Bellesie</i> DIR			24. DATE FILED (Month, Day, Year) 4-30-09		
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.					
25b. SIGNATURE AND TITLE OF PHYSICIAN <i>L. Cunningham</i>		25c. LICENSE NUMBER MD33426		25d. DATE SIGNED (Month, Day, Year) 4/24/09	
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.					
26b. SIGNATURE AND TITLE OF MEDICAL EXAMINER		26c. LICENSE NUMBER		26d. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Louis E. Cunningham, MD 48 Medical Center Drive Jackson TN 38301					
28. PART I. Enter the diseases, 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)		Approximate Interval Between Onset and Death			
a. Hyperkalemia					
b. Acute Renal Failure					
c. Chronic Renal Insufficiency / Circulatory Shock					
d. Diabetes Mellitus					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
Circulatory Shock		Coumadin Toxicity			
Coronary Artery Disease					
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input 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 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			
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, Zip Code)			

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

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

FILED

PH-1659 (REV. 6/99)

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

3440837

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

Sharon M. Leinbach
Sharon M. Leinbach
STATE REGISTRAR

Ray A. Emison
Ray A. Emison, MD
Local Registrar

EGGY HOLINGA KATONA
KE COUNTY AUDITOR
APR 8 6 2009

005330 Date Issued



CERTIFICATION OF VITAL RECORD