

**MAURY COUNTY
DEPARTMENT OF HEALTH AND ENVIRONMENT**

100 BLYTHEWOOD DRIVE
COLUMBIA, TENNESSEE 38401

45-08-27-355-018-000-004

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

VITAL RECORDS

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

BIRTH NO. _____ STATE FILE NO. _____

TYPE OR PRINT IN PERMANENT BLACK INK.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

DECEASED

PARENTS AND INFORMANT

DISPOSITION

CERTIFIER

CAUSE

1. DECEASED—NAME FIRST: <u>JAMES</u> MIDDLE: _____ LAST: <u>Ewing</u>		2. DATE OF DEATH (MONTH, DAY, YEAR) <u>1-13-1987</u>	
3a. AGE—LAST BIRTHDAY (YEARS) <u>62</u>	3b. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____ MIN. _____	4. DATE OF BIRTH (MONTH, DAY, YEAR) <u>7-7-1924</u>	5a. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) <u>BLACK</u>
5b. ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY) <u>AMERICAN</u>	6. SEX <u>MALE</u>		
7a. COUNTY OF DEATH <u>MAURY</u>	7b. CITY, TOWN OR LOCATION <u>COLUMBIA</u>	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>YES</u>	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.) <u>MAURY CO. HOSPITAL</u>
7e. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>TENN</u>	7f. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	7g. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>MARRIED</u>	7h. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>ELIZABETH TOWNSEND</u>
8. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY) <u>412-26-0611</u>	9. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE) <u>WWII</u>	10. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Retired</u>	11. KIND OF BUSINESS OR INDUSTRY <u>MECHANIC</u>
12a. RESIDENCE—STATE <u>Tenn</u>	12b. COUNTY <u>MAURY</u>	12c. CITY, TOWN, OR LOCATION <u>Columbia</u>	12d. STREET AND NUMBER <u>202 E. 11 ST.</u>
12e. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>yes</u>	12f. CENSUS TRACT NO. _____	13a. FATHER—NAME <u>Jimmie Ewing</u>	13b. MOTHER—MAIDEN NAME <u>ANNA Flemmings</u>
13c. INFORMANT—NAME <u>ELIZABETH Ewing</u>	13d. MAILING ADDRESS <u>202 E. 11 ST</u>	14a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) <u>Burial</u>	14b. DATE (MONTH, DAY, YEAR) <u>1-17-87</u>
14c. FUNERAL DIRECTOR (SIGNATURE) <u>Pillow Batts</u>	14d. LICENSE NO. <u>2325</u>	14e. CEMETERY OR CREMATORY—NAME <u>Rosemount</u>	14f. LOCATION <u>Columbia</u>
14g. FUNERAL HOME—NAME AND ADDRESS <u>BAXTER CROSS 1105 E. 2nd Columbia Tenn</u>	14h. REGISTRAR—SIGNATURE <u>Deanne McCall</u>	14i. DATE RECEIVED BY LOCAL REGISTRAR <u>Jan 14, 1987</u>	14j. DATE SIGNED (MONTH, DAY, YEAR) <u>Jan 14, 1987</u>
15. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: <u>Hans P. Vogel</u>	15a. CERTIFIER—NAME (TYPE OR PRINT) <u>Hans P. Vogel, M.D.</u>	15b. MAILING ADDRESS <u>Maury Co. Hospital Columbia, TN 38401</u>	15c. TITLE <u>MD</u>
25. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Renal Cell Carcinoma</u> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____		26. INTERVAL BETWEEN ONSET AND DEATH _____	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) _____			
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) _____	27b. DATE OF INJURY (MONTH, DAY, YEAR) _____	27c. HOUR _____ M.	27d. DESCRIBE HOW INJURY OCCURRED _____
27e. INJURY AT WORK (SPECIFY YES OR NO) _____	27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) _____	27g. LOCATION _____	27h. STREET OR R.F.D. NO. _____
27i. CITY OR TOWN _____	27j. STATE _____	27k. AUTOPSY (YES OR NO) <u>No</u>	27l. _____

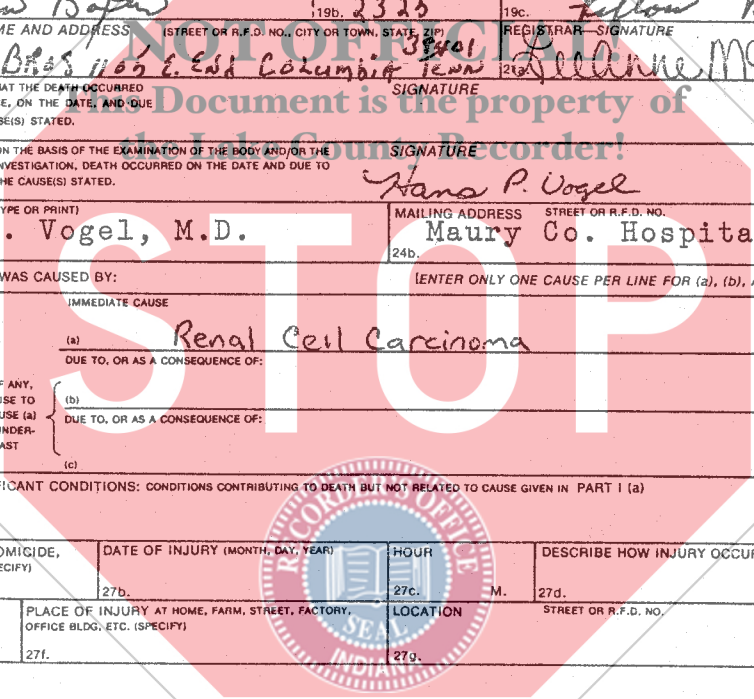
This is to certify that the above is a true and correct copy of the record filed with the Division of Vital Records, Tennessee Department of Public Health, by the local Health Department. This is valid only when the embossed seal of the local health department is affixed.

Deanne McCall
Deputy Registrar

FILED
JUN 06 2011
053231

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

11:00 CS
YH



STATE OF TENNESSEE
LAKE COUNTY
FILED FOR RECORD
2011 JUN 6 AM 10:10
MICHAEL REYNOLDS
RECORDER