

## TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

DE0EDENE	1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)										3. DATE OF D	DATE OF DEATH (Month, Day, Year)	
DECEDENT	4. TIME OF DEATH   5a. AGE-Last   5b. UNDER 1 YEAR   5c. UNDER 1 DAY   6. DATE OF BIRTH								I (Marth Day Vara)		7. BIRTHPLACE (City and State or Foreign		
	(Approx.)	Birthday (Years		Days	Hours	Minutes	O. DATEO	FDIKI	n (Month, Day, 1	rear)	Country)	E (City and State of Foreign	
					0- 81	10F 0F DE 1T	U (Ob la la	>					
TYPE/PRINT IN	IF DEATH OCCURRED	8a. PLACE OF DEATH (Check only one)  EATH OCCURRED IN A HOSPITAL   IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL											
PERMANENT BLACK INK	Inpatient ER/Outpatient DOA Hospice facility Nursing home/Long term care facility Decedent's home Other residence Other (Specify)											·)	
lê	8b. FACILITY NAME (If	8c. CITY OR TOWN				8d. <b>CO</b> U		8d. COUNT	OF DEATH				
itution	9. MARITAL STATUS 10. SURVIVING SPOUSE (If wife, give 11a.							11a.	. DECEDENT'S USUAL 11b. KIND OF BUSINESS/INDUST			F BUSINESS/INDUSTRY	
lnst	married married, but departated married				name prior to first marriage)				OCCUPATION				
ian ol	Divorced Never  12. SOCIAL SECURITY	married	Unknown	E-STATE OR FOREIGN COUNTRY				13h <b>C</b>	COUNTY		13c. CITY OF	TOWN	
by Physician or Institution)	12. OOGIAL OLOGIAT I					100.			100. 011 1 01				
by P	13d. STREET AND NUMBER				13e. INSIDE CITY LIMITS  Yes □No			13f. ZIP CODE				14. WAS DECEDENT EVER IN US ARMED FORCES? Yes No	
(For use	15. DECEDENT'S EDUCATION (Check the box that				16. DECEDENT OF HISPANIC ORIGIN? (Check the				17. DECEDENT'S	S RACE (Che		aces to indicate what the	
	best describes the highest degree or level of school completed at the time of death)			box th	box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if				American Indian or Alaska Native (Name of the enrolled or principal Native H			e)	
NAME OF DECEDENT	8th grade or less			decedent is not Spanish/Hispanic/Latino)								Other Asian (Specify)	
ECEL	9th – 12th grade; no diploma  High school graduate or GED completed			No, not Spanish/Hispanic/Latino								lotivo Hawaiian	
OF D	Some college credit, but no degree			Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican								Guamanian or Chamorro	
ME	Associate degree (e.g., AA, AS)			Yes, Cuban				Asian Indian			Samoan		
₹	Bachelor's degree (e.g., BA, AB, BS)  Master's degree (e.g., MA,MS,MEng,MEd,MSW,MBA)				Yes, other Spanish/Hispanic/Latino (Specify)				Chinese		_	Other Pacific Islander (Specify)	
	Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) Unknown			Unknown			- 1	☐ Filipino ☐ Japanese			Other (Specify)		
								☐ Korean			Jnknown		
PARENTS	18. FATHER'S NAME (First, Middle, Last)  19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)											le, Last)	
	20a. INFORMANT'S NAME				20b. RELATIONSHIP TO DECEDENT 20				20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)				
DISPOSITION						LACE OF DISPOSITION (Name of ceme rematory, other place)			etery,	21C. LUCATIC	ON - City or Town	and State	
	Other (Specify)												
	22a. SIGNATURE OF FUNERAL DIRECTOR				22b. LICENSE NUMBER 22c. SIGN			JNAIU	IRE OF EMBALN	IEK	22d. LICENSE NUMBER		
	23a. NAME AND ADDRESS OF FUNERAL HOME 23b. LICENSE NUMBER OF FUNERAL HOME											JMBER OF FUNERAL HOME	
	24. REGISTRAR'S SIGNATURE 25. DA								DATE FILED (Mor	nth, Day, Year	)	_	
REGISTRAR	<b>&gt;</b>												
CERTIFIER	26. CERTIFIER (Check only one):  26a. PHYSICIAN -To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.												
PHYSICIAN			, ,						` '		due to the cause	(s) and manner stated.	
OR MEDICAL	27a. SIGNATURE OF CERTIFIER				27b. LICENSE NU					27c. <b>DA</b> 1	27c. DATE SIGNED (Month, Day, Year)		
EXAMINER EXECUTING CAUSE OF					27d. NAME AND ADDRE			ss					
DEATH MUST COMPLETE	270. NAME AND ADDRESS												
AND SIGN WITHIN 48	<ol> <li>PART I. Enter the respiratory arrest, or</li> </ol>							O NOT 6	enter terminal eve	ents such as c	ardiac arrest,	Approximate interval: Onset to death	
HOURS.	IMMEDIATE CAUSE	— .											
MEDICAL ERTIFICATION	(Final disease or condition a												
EKIII ICATION	Sequentially list conditions, if any, leading to the cause  Due to (or as a consequence of):												
	if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting												
	(disease or injury that Due to (or as a consequence of): initiated the events resulting d.												
	in death) LAST											EDEODMED 2	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.									Yes No 29b. WERE AUTOPSY FINDINGS AVAILABLE TO			
										COMPLETE THE CAUSE OF DEATH?  Yes No			
	COL				O TOBACCO USE 32. IF FEMALE: NOT DEATH? Not pregna			within	past year		Not pregnant, but pregnant 43 days to		
		Yes	Probably		Pregnant at time of death				1 year befo	re death			
	Suicide Could not be determined No Unknown Not pregnant, but pre-							egnant within 42 days of death Unknown if pregnant within the past year					
	Driver/Operator Passenger			INJURY ay, Year)		TIME OF 34c INJURY	INJURY AT	WORK No	(? 34d. PLACE C (Specify)	F INJURY -a	home, farm, stre	eet, factory, office, building, etc.	
	Pedestrian		34e. DESCRIBI	E HOW INJ	URY OCCUR	RRED			34f. LOCATIO	ON OF INJUR	(Street and Nu	mber, City or Town, State)	
	Other (Specify) _								1				