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1994
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BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

DEATH NO. 57-23562

1. NAME Robert J. Moss 2. DATE OF DEATH 10-20-57
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE W 4. SEX M 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced 6. DATE MONTH DAY YEAR OF BIRTH 1-13-94 7. AGE (IN YEARS LAST BIRTHDAY) 63 8. IF UNDER 1 YR. MONTHS 9. IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH A. COUNTY Davidson B. CIVIL DISTRICT 1 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Davidson C. CIVIL DISTRICT

C. CITY OR TOWN Nashville D. LENGTH OF STAY IN THIS PLACE E. INSIDE CITY LIMITS? YES [X] NO []

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) General Hosp. F. INSIDE CITY LIMITS? YES [X] NO [] F. STREET ADDRESS (OR LOCATION) 1215 Pennock Ave. G. IS RESIDENCE ON A FARM? YES [] NO [X]

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Laborer 10B. KIND OF BUSINESS OR INDUSTRY Stephen's Mills 11. SOCIAL SECURITY NUMBER 412-12-1154 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE No

13. BIRTHPLACE (State or Foreign Country) Tenn. 14. CITIZEN OF WHAT COUNTRY? USA 15. NAME OF HUSBAND OR WIFE Emma Beulah Walker

16. FATHER'S NAME James E. Moss 17. MOTHER'S MAIDEN NAME Jane Rhodes 18. INFORMANT ADDRESS Mrs. N. W. Fulmer, 228 Capitol View Dr.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Blood on arrival - Cause unknown 795.5

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last DUE TO (B) DUE TO (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A) 20. WAS AUTOPSY PERFORMED? YES [] NO [X]

21A. ACCIDENT SUICIDE HOMICIDE [] [] [] 21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury) RECEIVED

21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M. NOV 4 1957

21D. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.) 21F. PLACE OF INJURY

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE F. G. McCombell M.D. [X] D.O. [] OTHER (SPECIFY) ADDRESS Nashville General Hosp. DATE 10-22-57

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL 10-22-57 23C. NAME OF Cemetery or Crematory Hudgins Cemetery 23D. LOCATION CITY, TOWN OR COUNTY STATE Williamson County Tenn.

24. FUNERAL DIRECTOR ADDRESS Cosmopolitan Funeral Home 25. REGISTRATION DIST. NO. 21901 26. DATE SIGNED BY LOCAL REG. OCT 28 1957 27. REGISTRAR'S SIGNATURE

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITELY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST MUST GIVE DEFINED DEATH A MEDICAL CERTIFICATE ANY COUNTY EXECUTING OFFICER OF DEATH MUST SIGN CERTIFICATE WITHIN 72 HOUR OF DEATH. BE

CAUSE OF DEATH. DO NOT WRITE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. GIVE THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH SERVICE