

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

DECEDENT

23302
304X5

003.00

NAME OF DECEDENT: For use by physician or institution

PARENTS

INFORMANT

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) Roy Melvin Cox, Sr.				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) October 31, 2010		
4. SOCIAL SECURITY NUMBER (of Decedent) 431-10-6209		5a. AGE LAST BIRTHDAY (Years) 91	5b. UNDER 1 YEAR MO. DAYS HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) 01/29/1919		7. BIRTHPLACE (City and State or Foreign Country) Williford, Arkansas		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DDA 4 <input checked="" 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) Life Care of East Ridge			9c. CITY, TOWN, OR LOCATION OF DEATH East Ridge		9d. COUNTY OF DEATH Hamilton			
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Frances Norton		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Insurance Agent		12b. KIND OF BUSINESS/INDUSTRY Interstate Life		
13a. RESIDENCE-STATE Tennessee		13b. COUNTY Hamilton	13c. CITY, TOWN OR LOCATION Chattanooga		13d. STREET AND NUMBER OR RURAL LOCATION 2325 Brookwood Drive			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 37421		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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) Guy Melvin Cox				18. MOTHER'S NAME (First, Middle, Maiden Surname) Dosha Davis				
19a. INFORMANT'S NAME (Type/Print) Cheri Payne		19b. RELATIONSHIP TO DECEASED Daughter		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6839 Bacon Lane Chattanooga, Tennessee 37421				
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input 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) U.S. National Cemetery		20c. LOCATION-City or Town, State Chattanooga, Tennessee				
21a. SIGNATURE OF FUNERAL DIRECTOR Eugene M. Pike, Jr.		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 2016	21c. SIGNATURE OF EMBALMER Thomas L. Nolan		21d. LICENSE NUMBER OF EMBALMER 3611			
22a. NAME AND ADDRESS OF FUNERAL HOME Chattanooga Funeral Home, Crematory and Florist East Chapel 404 South Moore Road, East Ridge, Tennessee 37412						22b. LICENSE NUMBER OF FUNERAL HOME 986		
23. REGISTRAR'S SIGNATURE <i>(Signature)</i>				24. DATE FILED (Month, Day, Year) November 8, 2010				
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.								
1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN David R. Winters D.O.		25b. LICENSE NUMBER TN D.O 366		25c. DATE SIGNED (Month, Day, Year) 11-4-10				
2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		25b. LICENSE NUMBER		25c. DATE SIGNED (Month, Day, Year)				
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) David R. Winters MD 9310 Allison Pike Collegedale, TN 37315								
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)		a. sequelae of atherosclerotic vascular disease						
		b. DUE TO (OR AS A CONSEQUENCE OF):						
		c. DUE TO (OR AS A CONSEQUENCE OF):						
		d. DUE TO (OR AS A CONSEQUENCE OF):						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Recent PNEUMONIA								
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	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)				

PH-1659 (REV. 6/99)

BIRTH NO.

HDA 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.

(Signature)
Teresa S. Hendricks
STATE REGISTRAR

(Signature)
Wanda Jackson
Local Registrar
Hamilton County

Date Issued

NOV 08 2010

CERTIFICATION OF VITAL RECORD

