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



WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD) MUST COMPLETE AND SIGN MEDICAL CERTIFICATION. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE OF DEATH.

ENTER ONLY ONE CAUSE PER LINE FOR A, B, C. * THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, AS THE M.F.A., ETC. IT MEANS 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.

FORM 120

DEPARTMENT OF PUBLIC HEALTH				CERTIFICATE OF DEATH				DIVISION OF VITAL STATISTICS					
STATE OF TENNESSEE				COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS				DEATH NO. 55					
BIRTH NO. 2971 28 7996				NAME Ruel A. Barger				DATE OF DEATH 10-21-55					
1. NAME		FIRST		MIDDLE		LAST		MONTH		DAY		YEAR	
3. COLOR OR RACE W.		4. SEX M.		5. SINGLE, MARRIED, WIDOWED, DIVORCED Married		6. DATE OF BIRTH 3-13-86		7. AGE (IN YEARS LAST BIRTHDAY) 69		IF UNDER 1 YR. MONTHS DAYS		IF UNDER 24 HRS. HOURS MINS.	
8. PLACE OF DEATH				9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Write Name Before Admission)									
A. COUNTY Shelby		B. CIVIL DISTRICT		A. STATE Tenn.==		B. COUNTY Shelby		C. CIVIL DISTRICT					
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Memphis				D. LENGTH OF STAY IN THIS PLACE				D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Memphis					
E. NAME OF HOSPITAL (If not in Hospital or Institution, Give Street Address and Location) St. Joseph Hospital						E. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1040 So. Cox St. 066							
10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Engineer						10B. KIND OF BUSINESS OR INDUSTRY I. C. R. R.			11. SOCIAL SECURITY NUMBER				
12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN				13. BIRTHPLACE (State or Foreign Country) Tennessee				14. CITIZEN OF WHAT COUNTRY? U.S.A.					
15. FATHER'S NAME Flemming Sugars Barger				16. MOTHER'S MAIDEN NAME Edith (Unknown)				17. INFORMANT Mrs. Rachel Barger					
MEDICAL CERTIFICATION						1040 So. Cox St.			INTERVAL BETWEEN ONSET AND DEATH				
18. CAUSE OF DEATH													
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) arteriosclerotic heart disease 420.0 2													
ANTECEDENT CAUSES (B) hypertension													
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. (C) Abdominal aneurysm of aortic arch 451													
2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH													
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20A. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20B. FINDINGS AT AUTOPSY See above 2			
21A. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>		(SPECIFY)		21B. PLACE OF INJURY (If or About Home, Farm, Factory, Street, Other Build'g, etc.)		21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE							
21D. TIME OF INJURY		MONTH DAY YEAR HOUR		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?							
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE								DATE					
SIGNATURE W.C. Barrett				M.D. <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		ADDRESS 899 Madison in Memphis Tenn		NOV 19 1955					
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23B. DATE OF BURIAL, CREMATION, REMOVAL 10/23/55		23C. NAME OF Cemetery or Crematory Memorial Park		23D. LOCATION CITY, TOWN OR COUNTY STATE Memphis, Tenn.							
24. FUNERAL DIRECTOR ADDRESS National Funeral Home -- Memphis				25. REGISTRATION DIST. NO. 791		26. DATE SIGNED BY OCT 28 1955		27. REGISTRAR'S SIGNATURE L.H. Graves					
<i>by [Signature]</i> Deputy													