

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

STATE FILE
NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Fannie Gene Stover				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) February 5, 2011	
4. SOCIAL SECURITY NUMBER (of Decedent) 413-50-7269				5a. AGE - LAST BIRTHDAY (Years) 80		5b. DATE OF BIRTH (Month, Day, Year) November 19, 1930	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" 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"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input checked="" type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 717 Watauga Avenue				9c. CITY, TOWN OR LOCATION OF DEATH Elizabethton		9d. COUNTY OF DEATH Carter	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Single		11. SURVIVING SPOUSE (If wife, give maiden name) Teacher		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Education		12b. KIND OF BUSINESS/INDUSTRY	
13a. RESIDENCE - STATE Tennessee		13b. COUNTY Carter		13c. CITY, TOWN OR LOCATION Elizabethton		13d. STREET AND NUMBER OR RURAL LOCATION 717 Watauga Avenue	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 37643		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) No		15. RACE - American Indian, Black, White, etc. (Specify) African American	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (1-4 or 5+)				17. FATHER'S NAME (First, Middle, Last) Robert Harrison Stover			
18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Helen Taylor				19a. INFORMANT'S NAME (Type/Print) Stanley Stover			
19b. RELATIONSHIP TO DECEASED Son				19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 717 Watauga Ave. Elizabethton, TN 37643			
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) Happy Valley Memorial Park		20c. LOCATION - City or Town, State Elizabethton, TN 37643		21a. SIGNATURE OF FUNERAL DIRECTOR Charles R. Bowman	
21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4244		21c. SIGNATURE OF EMBALMER Derek Cornett		21d. LICENSE NUMBER OF EMBALMER 5020		22a. NAME AND ADDRESS OF FUNERAL HOME Tetrick Funeral Home 211 North Riverside Drive, Elizabethton, TN 37643	
22b. LICENSE NUMBER OF FUNERAL HOME 097		23. REGISTRAR'S SIGNATURE <i>Teresa Chambers Local Registrar</i>				24. DATE FILED (Month, Day, Year) February 11, 2011	
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 checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Jonathan Bremer M.D.</i>		25b. LICENSE NUMBER MD15225		25c. DATE SIGNED (Month, Day, Year) 2/9/11		25d. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type / Print) Jonathan Bremer M.D. 1503 W. Elk Ave. Elizabethton, TN 37643		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. Metastatic lung cancer - unknown type DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate Interval Between Onset and Death weeks		28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending Investigation 6 <input type="checkbox"/> Could not be determined		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M	
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. 5/08)

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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.

RDA 1399

Teresa S. Hendricks
Teresa S. Hendricks
STATE REGISTRAR

Teresa Chambers
Teresa Chambers, Local Registrar
Carter County

Date Issued FEB 11 2011



CERTIFICATION OF VITAL RECORD

