

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

4160

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

BIRTH NO.		COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS		DEATH NO.	
1. NAME Edgar Carroll Roach FIRST MIDDLE LAST			2. DATE OF DEATH Oct. 15, 1953 MONTH DAY YEAR		
3. COLOR OR RACE White	4. SEX Male	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	6. DATE OF BIRTH 12-25-74 MONTH DAY YEAR	7. AGE (IN YEARS LAST BIRTHDAY) 78	IF UNDER 1 YR. MONTHS DAYS
8. PLACE OF DEATH A. COUNTY Shelby			9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) 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 1 day		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) Baptist			E. STREET (IF RURAL, GIVE LOCATION) ADDRESS 19 S. Barksdale		
10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Auto Repair		10B. KIND OF BUSINESS OR INDUSTRY		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?	
15. FATHER'S NAME Wm. Henry Roach		16. MOTHER'S MAIDEN NAME Mary Alice Lansdown		17. INFORMANT ADDRESS Lou Anna Roach Midland, Texas	
MEDICAL CERTIFICATION					
18. CAUSE OF DEATH					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Cardiac ischemia					
ANTECEDENT CAUSES					
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Myocardial infarction					
DUE TO (C)					
2. OTHER SIGNIFICANT CONDITIONS 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"/>	
203. FINDINGS AT AUTOPSY		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, 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 type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE			
SIGNATURE M.M. Phillips, M.D.		M.D. <input type="checkbox"/> OTHER (SPECIFY)		ADDRESS Memphis, Tenn.	
DATE 10-15-53		23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23B. DATE OF BURIAL, CREMATION, OR REMOVAL 10-17-53	
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.		26. DATE SIGNED BY LOCAL REG. OCT 21 1953		27. REGISTRAR'S SIGNATURE	

WRITING 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, ASTHMA, 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.