Re: Clarence Ray Wilson Estate

RE-RECORD BOOK 8630 PAGE 691
CORRECTED

AFFIDAVIT BOOK 8630 PAGE 30

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Ora Louise Wilson, being first duly sworn on her oath states that she is a person of lawful age; that she is and has been for 70 years last past a resident of Davidson County, State of Tennessee and further deposes and states:

1. L.S. Wilson, full name, Lustris Stanhope Wilson, was born March 1, 1892 and died March 23, 1973 at the age of 81 years, copy of death certificate attached. He was survived by his spouse, Nannie Lane McGuffin Wilson and his son Clarence Ray Wilson.

2. Nannie L. Wilson, full name, Nannie Lane Wilson was born February 28, 1895 and died July 2, 1977 at the age of 82 years, copy of death certificate attached, unmarried and survived by her son Clarence Ray Wilson.

3. Clarence Ray Wilson was born December 10, 1912 and died April 5, 1990 at the age of 77 years, copy of death certificate attached, and survived by his widow, Ora Louise Wilson, A/K/A, Louise S. Wilson and two grandchildren, namely, Kathryn Rebecca Wilson and Steven O'Brien Smith.

4. Steven G. Wilson was born November 19, 1952, and died April 8, 1980 at the age of 27, copy of death certificate attached. He was the son of Clarence Ray Wilson and Ella Kathryn Wilson, both deceased and is survived by two children, namely, Kathryn Rebecca Wilson and Steven O'Brien Smith.

RE-RECORD 12031

IDENTIF. TREFERENCE

MAY 21 8 58 AM '92

FELIX Z. WILSON II REGISTER DAVIDSON COUNTY TN.

PICK-UP

3706 05/21 0101 03CHECK 15.00

Signed Ora Louise Wilson
Ora Louise Wilson
5308 Michigan Avenue
Nashville, Tennessee 37209

Subscribed and sworn to before me this 4th day May 1992.

Joyce Jordan
Notary Public

My Commission Expires: 9-25-93

JOYCE JORDAN NOTARY PUBLIC DAVIDSON COUNTY

3425 05/20 0101 03CHECK 6.00

This instrument prepared by:

Harold E. Collins, Attorney
4800 Charlotte Avenue
Nashville, TN 37209

PICK-UP

This instrument re-recorded for the express purpose of recording the attachments referred herein.

IDENTIF. TREFERENCE

MAY 20 10 21 AM '92

FELIX Z. WILSON II REGISTER DAVIDSON COUNTY TN.

18111

RE-RECORD

BOOK 8630 PAGE 692

WINFIELD DUNN
GOVERNOR

Eugene W Fowinkle, M.D., M.P.H.
Commissioner

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.
DIVISION OF VITAL STATISTICS

2-8-37
OMES A LEGAL
WHEN PROPERLY
AND FILED.
26
RINT IN PERMA
OR BLACK INK.
3041

BIRTH NO.

1. DECEASED — NAME: First: Lustris; Middle: Stanhope; Last: Wilson

2. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White

3. SEX: Male

4a. AGE — LAST BIRTHDAY (YEARS): 81

4b. UNDER 1 YEAR — MOS.: ; DAYS:

4c. UNDER 1 DAY — HOURS: ; MIN.:

5. DATE OF DEATH (MONTH, DAY, YEAR): 3-23-73

6. DATE OF BIRTH (MONTH, DAY, YEAR): March 1, 1892

7a. COUNTY OF DEATH: Davidson

7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville

7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes

7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER GIVE STREET AND NUMBER): St. Thomas Hospital

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee

9. CITIZEN OF WHAT COUNTRY: U.S.A.

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Nannie Lane McGuffin

12a. SOCIAL SECURITY NUMBER: [redacted]-2364

12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):

13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Repairman

13b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

14a. RESIDENCE — STATE: Tennessee

14b. COUNTY: Davidson

14c. CITY, TOWN, OR LOCATION: Nashville

14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes

14e. STREET AND NUMBER: 4601 Utah Ave.

PARENTS INFORMATION

15. FATHER — NAME: Henry Wilson

16. MOTHER — MAIDEN NAME: Nannie McGuffin

17. INFORMANT — NAME: Clarence Wilson — MAILING ADDRESS: 4300 Wyoming

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

IMMEDIATE CAUSE
(a) Kidney failure
DUE TO, OR AS A CONSEQUENCE OF:
(b) Peritonitis
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF:
(c) Colon carcinoma - disruption

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Carcinoma Cervix

19a. AUTOPSY (YES OR NO): No

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):

20b. DATE OF INJURY (MONTH, DAY, YEAR):

20c. HOUR: M.

20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):

20e. INJURY AT WORK (SPECIFY YES OR NO):

20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):

20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE MEDICAL CERTIFICATION WITHIN 72 HOURS. SIGNATURE CANNOT BE DELEGATED.

NOT ATTENDED BY AUTHORIZED SIGN HERE.

REQUIRED PRIOR TO CREMATION OF BODY IN CARRIER OR FROM STATE

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. SIGNATURE: Robert N. Shard, M.D. DEGREE:

21b. DATE SIGNED (MONTH, DAY, YEAR): Apr. 2, 1973

22a. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:

22b. DATE SIGNED (MONTH, DAY, YEAR):

23a. CERTIFIER — NAME (TYPE OR PRINT):

23b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP):

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

24b. DATE (MONTH, DAY, YEAR): 3-26-73

24c. CEMETERY OR CREMATORY — NAME: Spring Hill

24d. LOCATION — CITY OR TOWN, STATE: Nashville, Tennessee

25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Pettus-Owen & Wood, Inc. Nashville, Tenn.

26a. REGISTRAR — SIGNATURE: Esther D Lirot

26b. DATE RECEIVED BY LOCAL REGISTRAR: 4-4-73

REV. 1-68

I hereby certify the above to be a true and correct copy of the original record on file in this Department. Valid Only when embossed seal of the Tennessee Department of Public Health and multi-color seal of State Registrar are affixed.

Commissioner

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

RE-RECORD BOOK 8630 PAGE 693

RAY BLANTON
GOVERNOR

Eugene W. Fowinkle, M.D., M.P.H.
Commissioner

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

William T. Binkley
STATE REGISTRAR

JULY 22, 1977

I hereby certify the below to be a true and correct copy of the official document on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and red imprinted signature of the State Registrar are affixed.

EUGENE W. FOWINKLE, M.D.
Commissioner

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.

VITAL RECORDS

BIRTH NO.

1. DECEASED — NAME	FIRST: Nannie	MIDDLE: Lane	LAST: Wilson					2. DATE OF DEATH (MONTH, DAY, YEAR): 7-2-1977	
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY): white	4. SEX: female	5a. AGE — LAST BIRTHDAY (YEARS): 82	5b. UNDER 1 YEAR MOS.:	DAYS:	5c. UNDER 1 DAY HOURS:	MIN.:		6. DATE OF BIRTH (MONTH, DAY, YEAR): 2-28-1895	
7a. COUNTY OF DEATH: Davidson		7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville			7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes			7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St. Thomas Hospital	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn.	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed			11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):				
12a. SOCIAL SECURITY NUMBER: [redacted]-2364	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife			13b. KIND OF BUSINESS OR INDUSTRY:				
14a. RESIDENCE — STATE: Tenn.	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville			14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes			14e. STREET AND NUMBER: 4601 Utah Ave.	
15. FATHER — NAME: Albert McGuffin	16. MOTHER — MAIDEN NAME: Orpha Kirk	17. INFORMANT — NAME: C. R. Wilson			MAILING ADDRESS: 4601 Utah Ave. Nashville, Tenn.				

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

IMMEDIATE CAUSE
(a) Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Carcinoma of colon

19a. AUTOPSY (YES OR NO): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: No

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	M.	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. SIGNATURE: James P. Gregory, M.D. — 21b. DATE SIGNED (MONTH, DAY, YEAR): 7/11/77

22a. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE — TITLE — 22b. DATE SIGNED (MONTH, DAY, YEAR)

23a. CERTIFIER — NAME (TYPE OR PRINT): James P. Gregory, M. D.
23b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 4230 Harding Road, Nashville, Tennessee 37205

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. DATE (MONTH, DAY, YEAR)	24c. CEMETERY OR CREMATORY — NAME	24d. LOCATION — CITY OR TOWN	STATE
Burial	7-4-1977	Spring Hill	Nashville	Tenn.

25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Potter-Owen & Wood, Inc. Nashville, Tenn.
26a. REGISTRAR — SIGNATURE: Esther D. Thor
26b. DATE RECEIVED BY LOCAL REGISTRAR: 7-21-77

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

RE-RECORD BOOK 8630 PAGE 694

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

APR 27 1992

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

Judith S. Wadley, M.D.
LOC REGISTRAR

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

8001787

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO. _____

DECEASED

1. DECEASED—NAME: Stephen Gardner Wilson
2. DATE OF DEATH: 4-8-1980
3a. AGE—LAST BIRTHDAY (YEARS): 27
4. DATE OF BIRTH: 11-19-1952
5. RACE: white
6. SEX: male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS: yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME: 4601 Utah Ave.
7e. DOA, OP, OR IPD: D R
8. STATE OF BIRTH: Tenn.
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Divorced
11. SURVIVING SPOUSE:
12. SOCIAL SECURITY NUMBER: 414-90-4093
12a. SERVICE IN ARMED FORCES:
12b. USUAL OCCUPATION: Truck Driver
12c. KIND OF BUSINESS OR INDUSTRY: Formosa Foods

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. →

14a. RESIDENCE—STATE: Tenn.
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 4601 Utah Ave.
14e. INSIDE CITY LIMITS: yes
14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: C. R. Wilson
16. MOTHER—MAIDEN NAME: Ella Kathryn Gardner
17. INFORMANT—NAME AND MAILING ADDRESS: C. R. Wilson 4601 Utah Ave. Nashville Tn 37209

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE: 4-9-1980
18c. CEMETERY OR CREMATORY—NAME: Spring Hill Cem.
18d. LOCATION: C. R. Wilson 4601 Utah Ave. Nashville Tn. 37209
19a. FUNERAL DIRECTOR (SIGNATURE): Robert H. Sutton
19b. LICENSE NO.: 1867
19c. EMBALMER: Robert H. Sutton
19d. LICENSE NO.: 2825
20. FUNERAL HOME—NAME AND ADDRESS: Pettus-Owen & Wood, Inc. Nashville Tn
21. REGISTRAR—SIGNATURE: Esther D. Gross
22. DATE RECEIVED BY LOCAL REGISTRAR: 4-17-80

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

23a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE: _____ DEGREE: _____ DATE SIGNED: _____
23b. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE: T. E. Simpkins M.D. TITLE: _____ DATE SIGNED: 4-11-80
24a. CERTIFIER—NAME (TYPE OR PRINT): T. E. Simpkins, M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1120 Dickerson Rd., Nashville, Tn. 37207

CAUSE

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Shot Gun Wound Head — Sudden
(b) _____
(c) _____
(DISEASES, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.)

PART II. OTHER SIGNIFICANT CONDITIONS. (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).)

26. AUTOPSY: No

27. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): Suicide
27a. DATE OF INJURY: 4-8-80
27b. HOUR: 1700
27c. DESCRIBE HOW INJURY OCCURRED: Self-inflicted
27d. INJURY AT WORK (SPECIFY YES OR NO): No
27e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.—SPECIFY): Home
27f. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 4601 Utah Ave

PHUH FORM NO. 25 10
REVISED 1-78 CRC

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

RE-RECORD BOOK 8630 PAGE 695

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

APR 24 1990

Judie S. Wadley
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER: 9001833

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Clarence Ray Wilson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 5, 1990
4. SOCIAL SECURITY NUMBER: [redacted]-5941
5a. AGE – LAST BIRTHDAY (Years): 77
6. DATE OF BIRTH (Month, Day, Year): Dec. 10, 1912
7. BIRTHPLACE (City and State or Foreign Country): Harriman, TN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ora Louise Shemwell
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Machinist
12b. KIND OF BUSINESS/INDUSTRY: Temco
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 5308 Michigan Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 th; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS
17. FATHER'S NAME (First, Middle, Last): Lustrus S. Wilson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nancy

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Louise S. Wilson
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5308 Michigan Ave. Nashville, TN. 37209

DISPOSITION
20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Spring Hill
20c. LOCATION – City or Town, State: Nashville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: William Pettit
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3296
21c. SIGNATURE OF EMBALMER: Raymond N. Woods
21d. LICENSE NUMBER OF EMBALMER: 3386
22a. NAME AND ADDRESS OF FUNERAL HOME: Pettus-Owen & Wood Funeral Home, 4506 Charlotte Ave. Nashville, TN. 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 710

REGISTRAR
23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): April 23, 1990

CERTIFIER
25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Craig R Sussman
25b. LICENSE NUMBER: MD 0 0694
25c. DATE SIGNED (Month, Day, Year): 4-16-90
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Craig R. Sussman, M.D.

CAUSE OF DEATH

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cerebrovascular Accident — 1 week
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Vertebral Basilar Insufficiency — 5 year
DUE TO (OR AS A CONSEQUENCE OF):
c. Coronary Artery Disease
DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

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 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] 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):

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED