PICK-UP

IDENTIFICATION REFERENCE

JUN 10 12 05 PM '93

JIM Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

2896

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52-1
239

prepared by
Patricia Punaro
Marsha McKenna

LAST WILL AND TESTAMENT

OF

MARVIN D. HUDSON

I, Marvin Hudson, residing in Madison, Davidson County, Tennessee, and being of sound mind and memory, do hereby make, publish, and declare this to be my Last Will and Testament, and I hereby revoke and annul all other wills and codicils heretofore made by me.

I hereby appoint and nominate my niece, Verda Allen, of Old Hickory, Tennessee, to be the Executrix of my estate.

I give, devise and bequeath to Verda Allen all of my property, both real and personal.

Patricia A. Punaro

(Witness)

Louise M Hudson

(Date) 7/31/88

6053 06/10 0101 03CHECK 12.00

(Signed)

7/31/88

(Date)

Subscribed before me, H. A. Wright, Jr., Notary Public at Large, this 31st day of July, 1988.

H. A. WRIGHT, JR. NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

H A Wright Jr

Notary Public at Large

MY COMMISSION EXPIRES: May 26, 1991.

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Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

AUG 12 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.

Jackie S. Headley, M.D.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

920372

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Marvin D. HUDSON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 21, 1992
4. SOCIAL SECURITY NUMBER (of Deceased): 408-01-7202
5a. AGE—LAST BIRTHDAY (Years): 83
6. DATE OF BIRTH (Month, Day, Year): July 28, 1909
7. BIRTHPLACE (City and State or Foreign Country): Grundy County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
5b. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Nashville Metro Bordeaux Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville, Tennessee
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Maintenance
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 740 Caldell Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
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): 8th grade; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Hudson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lota Baker

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Verda Allen
19b. RELATIONSHIP TO DECEASED: niece
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 336 Willowbough Lane Old Hickory TN 37138

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): NATIONAL CEMETERY
20c. LOCATION—City or Town, State: MADISON, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Lanny J. Willis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2673
21c. SIGNATURE OF EMBALMER: ▶ Lanny J. Willis
21d. LICENSE NUMBER OF EMBALMER: 3271
22a. NAME AND ADDRESS OF FUNERAL HOME: MADISON FUNERAL HOME, 219 OLD HICKORY BLVD., MADISON, TN. 37115
22b. LICENSE NUMBER OF FUNERAL HOME:

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): August 12, 1992

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ E. J. Magpantay, MD — Edmundo D. Magpantay, M.D.
25b. LICENSE NUMBER: 7717
25c. DATE SIGNED (Month, Day, Year): July 21, 1992
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Edmundo D. Magpantay M.D., Nashville Metro Bordeaux Hospital, Nashville, TN 37218

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

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. Pneumonia — 6-7 weeks
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.
DUE TO (OR AS A CONSEQUENCE OF):
c.
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: Dementia; Obstructive Lung Disease; Recurrent Pneumonia; Intermittent Lung Collapse; Resistant Pseudomonas Pulmonary Colonization; Right Femoral Fracture

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] 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):

STATE I.D. NO.

PH-1050 REV 1/89

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

E. H. HUTCHESON, M. D.
COMMISSIONER OF PUBLIC HEALTH

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

PUBLIC HEALTH COUNCIL
GREEN A. OLIVER, D.D.S., CHAIRMAN, NASHVILLE
J. KELLEY AVERY, M.D., VICE-CHAIRMAN, UNION CITY
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GREER RICKETSON, M.D., NASHVILLE

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

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BIRTH NO. _____ DEATH NO. _____

1. NAME: Dovie (First) Margaret (Middle) Hudson (Last) — 2. DATE OF DEATH: 4/6/66 (Month Day Year)

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (Month Day Year)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MINS.
W	Fe	Married	10/4/11	54				

8. PLACE OF DEATH
A. COUNTY: Davidson — B. CIVIL DISTRICT:
C. CITY OR TOWN: Nashville — D. LENGTH OF STAY IN THIS PLACE: 6 wks
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): Vanderbilt Hospital — F. INSIDE CITY LIMITS? YES [X] NO [ ]

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn. — B. COUNTY: Davidson — C. CIVIL DISTRICT:
D. CITY OR TOWN: Madison — E. INSIDE CITY LIMITS? YES [X] NO [ ]
F. STREET ADDRESS (Or Location): 740 Oakdale Ave. — G. IS RESIDENCE ON A FARM? YES [ ] NO [X]

10a. USUAL OCCUPATION (Kind of Work Done During Most of Working Life. Even if Retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)	IF YES, GIVE WAR OR DATES OF SERVICE
retired Cashier	H. G. Hill Co.	411-20-3167	No	

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Hickman Co. Tenn.	USA	Marvin Hudson

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT	ADDRESS
John W. Smith	Dovie Cagle	husband	same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — Enter only one cause per line for (A), (B), (C). — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Rheumatic heart disease — years

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last
DUE TO (B): _____
DUE TO (C): _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

20. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

21a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] — 21b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)

21c. TIME OF INJURY: HOUR A.M. P.M. MO. DAY YR.

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 21e. PLACE OF INJURY (In or about Home, Farm, Factory, Street, Office Building, etc.) — 21f. PLACE OF INJURY: CITY, TOWN OR RURAL — COUNTY — STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: [signature] — MED. M.D. [X] EXAM. [ ] D.O. [ ] OTHER (SPECIFY) [ ] — ADDRESS: Nashville — DATE: 4-7-66

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE OF BURIAL, CREMATION, OR REMOVAL	23c. NAME OF Cemetery or Crematory	23d. LOCATION CITY, TOWN OR COUNTY STATE
Burial	4/7/66	Cagle	Hickman Co. Tenn.

24. FUNERAL DIRECTOR	ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Madison Funeral Home	Madison, Tenn.	2 1901	4-8-66	[signature]

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE. (NOT VALID UNLESS COUNTERSIGNED BY STATE REGISTRAR.)

[signature]
COMMISSIONER

ISSUED APR 13 1966
[signature] STATE REGISTRAR

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