Sept. 16, 1987

I, Lizzie Mae Reece, want all my possessions, at my death to go to my sister - Geraldine Buckner
Old Hickory Blvd.
Antioch, Tenn.
37013

Tele. No. - 793-6577

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0416
[illegible]

94 MAY 16 PM 12:31
FELICIA A. [illegible]
DAVIDSON CO. REGISTER

MAIL ENV.

5446 05/16 0101 01CASH 8.00

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

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STATE OF TENNESSEE
CORDELL HULL BUILDING
DEPARTMENT OF HEALTH
NASHVILLE, TENNESSEE 37247

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

Paula Taylor
Paula Taylor
State Registrar

9401369

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 94 018340

REGISTRAR

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Lizzie Mae Reece
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): March 16, 1994
4 SOCIAL SECURITY NUMBER (of Deceased): 407-07-3162
5a AGE – LAST BIRTHDAY (Years): 77
6 DATE OF BIRTH: March 6,1917
7 BIRTHPLACE (City and State or Foreign Country): Dunmor, Kentucky
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): Donelson Hospital
9c CITY, TOWN OR LOCATION OF DEATH: Donelson
9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widow
11 SURVIVING SPOUSE (If wife give maiden name)
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life even if not now retired): Operator
12b KIND OF BUSINESS/INDUSTRY: Candy Factory
13a RESIDENCE – STATE: Tenn.
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Goodlettsville
13d STREET AND NUMBER OR RURAL LOCATION: 114 Two Mile Pkwy.
CENSUS TRACT: 11 / 11
13e INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f ZIP CODE: 37072
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes specify Cuban, Mexican, Puerto Rican, etc.) Yes No [X]
15 RACE – American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+)

PARENTS

17 FATHER'S NAME (First, Middle, Last): William B. McPherson
18 MOTHER'S NAME (First, Middle, Maiden Surname): Ruth Grayson

INFORMANT

19a INFORMANT'S NAME (Type/Print): Mrs. Geraldine Buckner
19b RELATIONSHIP TO DECEASED: Sister
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 12335 Old Hickory Blvd., Antioch, Tn. 37013

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): Woodlawn Cemetery
20c LOCATION – City or Town, State: Nashville, Tenn.
21a SIGNATURE OF FUNERAL DIRECTOR: Michael A. Slack
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3706
21c SIGNATURE OF EMBALMER: Jeff Croy
21d LICENSE NUMBER OF EMBALMER: 3867
22a NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett, P.O. Bx 444, Goodlettsville, Tn. 37070
22b LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23 REGISTRAR'S SIGNATURE: Patricia Faure'
24 DATE FILED (Month, Day, Year): March 22 1994

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: William Baucom, M.D.
25b LICENSE NUMBER: MD 014872
25c DATE SIGNED (Month, Day, Year): 3/23/94
26a MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date 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)

SIGN OR MED. EXAMINER EXITING CERTIFICATE IF COMPLETE AND MEDICAL CERTIFICATION WITHIN 48 HRS.

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): William Baucom, M.D., 3051 Lebanon Rd., Nashville, Tn. 37214

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
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. 4465
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)

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