[REV. 02/23/03]

PLEASE COMPLETE THIS INFORMATION

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Prepared by

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Davidson County AFFIDAVIT
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20071203-0139715

(THIS SPACE FOR RECORDER'S USE ONLY)

Certificate of Death

FITZGERALD
13614994 TN
FIRST AMERICAN LENDERS ADVANTAGE
DEATH CERTIFICATE COPY

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION (GOVT. CODE 27361.6)
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METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0606426

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): **Jerrilyn J Fitzgerald**
2. SEX: **Female**
3. DATE OF DEATH (Month, Day, Year): **November 11, 2006**
4. SOCIAL SECURITY NUMBER (of Decedent): **445-92-1312**
5a. AGE-LAST BIRTHDAY (Years): **54**
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): **Jan 11, 1952**
7. BIRTHPLACE (City and State or Foreign Country): **Nashville, Tennessee**
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): **Baptist 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): **William D. Fitzgerald**
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): **Dietician**
12b. KIND OF BUSINESS/INDUSTRY: **Health Care**
13a. RESIDENCE STATE: **Tn.**
13b. COUNTY: **Davidson**
13c. CITY, TOWN OR LOCATION: **Nashville**
13d. STREET AND NUMBER OR RURAL LOCATION: **1025 Wade Street**
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: **37203**
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X] Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): **Black**
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): **12** College (1-4 or 5+):

NAME OF DECEDENT (To be filled by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): **Robert Dowell**
18. MOTHER'S NAME (First, Middle, Maiden Surname): **Doris Wells**

INFORMANT

19a. INFORMANT'S NAME (Type/Print): **William D. Fitzgerald**
19b. RELATIONSHIP TO DECEASED: **Husband**
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **1025 Wade Ave. Nashville, Tn. 37203**

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): **Greenwood Cemetery Main**
20c. LOCATION-City or Town, State: **Nashville, Tn**
21a. SIGNATURE OF FUNERAL DIRECTOR: Tenella A. Broos
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: **4009**
21c. SIGNATURE OF EMBALMER: Tenell A. Broos
21d. LICENSE NUMBER OF EMBALMER: **4117**
22a. NAME AND ADDRESS OF FUNERAL HOME: **Terrell Broady Funeral Home Inc. 3655 Clarksville Pike Nashville, Tn. 37218**
22b. LICENSE NUMBER OF FUNERAL HOME: **1137**

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Bowers
24. DATE FILED (Month, Day, Year): November 16, 2006

PHYSICIAN

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: J. Michael Bolds
25b. LICENSE NUMBER: MD 14099
25c. DATE SIGNED (Month, Day, Year): 11/14/06
26a. 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 [ ] 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): J. Michael Bolds 300 20th Ave N Nashville TN 37203

SEE INSTRUCTIONS ON OTHER SIDE

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. Sudden Cardiac Death
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. Congestive Cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF):
c. Severe Hypertension
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Acute Renal Failure
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 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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)

PH-1899 (REV. 5/99)
BIRTH NO.
RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued: NOV 16 2006

GREAT SEAL OF THE STATE OF TENNESSEE — AGRICULTURE — COMMERCE — 1796

CERTIFICATION OF VITAL RECORD