THIS INSTRUMENT PREPARED BY
Stephen L. Meyer
Attorney at Law
1112 Draughon Avenue
Nashville, TN 37204

Bill Garrett Davidson County
Batch# 73776 DEEDQC
03/27/2018 02:15:56 PM 5 pgs
Fees: $27.00 Taxes: $0.00

20180327-0028642

ADMINISTRATOR'S QUITCLAIM DEED

ADDRESS NEW OWNER AS FOLLOWS:	SEND TAX BILLS TO:	PARCEL ID NO.
Neva Shields Nelson 620 Elaine Drive Nashville, TN 37211	Same	13216007900

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration for this transfer is NONE.

Neva Shields Nelson

SUBSCRIBED AND SWORN to before me by Neva Shields this 27th day of March, 2018.

Stephen L Meyer
Notary Public

STEPHEN L MEYER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: 3-8-22

Whereas, James Eldridge Shields, Sr. and wife Edith P. Shields owned certain tract of real property located in Davidson County, Tennessee; and

Whereas James Eldridge Shields, Sr. was predeceased by his wife Edith and died intestate with one surviving child, namely James Eldridge Shields, Jr.; and

Whereas, James Eldridge Shields, Jr. died intestate with no surviving children but survived by his wife, Neva Shields; and

Whereas the Estate of James Eldridge Shields, Jr. wishes to document the transfer of property which occurred by intestate succession;

Now therefore, NEVA SHIELDS, ADMINISTRATOR OF THE ESTATE OF JAMES ELDRIDGE SHIELDS, JR., hereinafter "GRANTOR," does hereby transfer, convey and quitclaim to **Neva Shields Nelson** her heirs and assigns, all of GRANTOR'S right, title and interest in and to that certain tract of real property known as 620 Elaine Drive, Nashville, Tennessee 37211and more particularly described as follows:

Lot No. 626 of the Plan of the Caldwell Hall Section VII of record in Book 3300, Page 19 of the Register of Deeds Office in Davidson County and being the same property conveyed to James E. Shields and wife Edith P. Shields by deed dated January 10, 1962 and recorded in Book 3399 Page 223 of the Register of Deeds Office in Davidson County, Tennessee.

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

WITNESS its hand this 27th day of March, 2018.

ESTATE OF JAMES ELDRIDGE SHIELDS, JR.

By: Neva Shields
Neva Shields, Administrator

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Neva Shields**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged herself to be the Administrator of the Estate of James Eldridge Shields, Jr. and that as such Administrator he executed the within instrument for the purposes therein contained.

WITNESS my hand and seal his 27th day of March, 2018.

Stephen L Meyer
Notary Public

STEPHEN L MEYER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires:

3-8-22

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 1403129

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Edith Peek Shields
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 16, 2014
4. TIME OF DEATH (Approx.): 4:05 PM
5a. AGE - Last Birthday (Years): 89
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 3, 1924
7. BIRTHPLACE (City and State or Foreign Country): Wilson County, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): St. Thomas Midtown Hospital
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, But Separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): James Shields Sr.
11a. DECEDENT'S USUAL OCCUPATION: Home Maker
11b. KIND OF BUSINESS/INDUSTRY: Self-Employed
12. SOCIAL SECURITY NUMBER: 415-20-6323
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 820 Elaine Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

Peek Shields, Edith
NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[X] 8th grade or less
[ ] 9th - 12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino
(Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

18. FATHER'S NAME (First, Middle, Last): Will Peek
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ava Armstrong

20a. INFORMANT'S NAME: James Shields, Jr.
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 653 Ransom Village Way Antioch Tennessee 37013

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Cemetery
21c. LOCATION-City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert Whitley
22b. LICENSE NUMBER: 3618
23c. SIGNATURE OF EMBALMER: ▶ Phillip Odom
23d. LICENSE NUMBER: 3425

23a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home & Cremation Service 2627 Nolensville Pike Nashville TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 775

24a. REGISTRAR'S SIGNATURE: Michael Edwards DR
25. DATE FILED (Month, Day, Year): May 20, 2014

26. CERTIFIER (Check only one):
[X] 26a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
[ ] 26b. 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 stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ Richard W. Gannon
27b. LICENSE NUMBER: MD 013402
27c. DATE SIGNED (Month, Day, Year): 5/20/14
27d. NAME AND ADDRESS: Richard Gannon 300 20th Ave North Nashville Tenn 37203

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Endstage systolic heart failure	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	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: Dementia - mixed Alzheimer's & Vascular

28a. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [ ] Unknown
32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1559 (Rev. 10/2011)
RDA 1399

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6733054

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

6733054

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued MAY 20 2014

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

14 008478 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
James Eldridge Shields Sr Sr.	Male	December 30, 2014

4. TIME OF DEATH (Approx.)	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
6:10 am	94			March 28, 1920	Bethany, Missouri

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
Bethany Health and Rehab Center	Nashville	Davidson

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Engineer	L & N Railroad

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
486-26-1043	Tennessee	Davidson	Nashville

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
620 Elaine Drive	☒ Yes ☐ No	37211	☒ Yes ☐ No

NAME OF DECEDENT (For use Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☒ 8th grade or less
- ☐ 9th - 12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- ☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if decedent is not Spanish/Hispanic/Latino)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino (Specify) _____
- ☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____
- ☐ Unknown

3/14

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Joseph F. Shields	Anna A. Amos

INFORMANT

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
James Shields	Son	653 Ransom Village Way Antioch Tennessee 37013

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21c. LOCATION - City or Town and State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	Woodlawn Memorial Park	Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ Hilton Tucker	5953	▶ Michelle Petrino	4188

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Ellis Funeral Home & Cremation Service 2627 Nolensville Pike Nashville TN 37211	775

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
▶ Medical Examiner	January 7, 2015

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER (Check only one):
- 26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
- 26b. ☐ 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 stated.

27a. SIGNATURE OF CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
▶ Ralf Haberman MD	27476	1/6/15

27d. NAME AND ADDRESS: Ralf Haberman MD, 3ACE, Nurse, Nashville

CAUSE OF DEATH

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiac arrhythmia	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of): CAD	
	c. Due to (or as a consequence of): HTN	
	d. Due to (or as a consequence of):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

COPD

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE
☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)			☐ Yes ☐ No	

34e. DESCRIBE HOW INJURY OCCURRED	34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1859 (Rev. 10/2011) — RDA 1309

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

7677632

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): James Eldridge Shields Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 11, 2015
4. TIME OF DEATH (Approx.): 11:20 PM
5a. AGE - Last Birthday (Years): 70
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 15, 1944
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 653 Ransom Village Way
8c. CITY OR TOWN: Antioch
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution): SHIELDS, James Eldridge Jr

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Neva Thrower
11a. DECEDENT'S USUAL OCCUPATION: IT Manager
11b. KIND OF BUSINESS/INDUSTRY: Wireless Communication
12. SOCIAL SECURITY NUMBER: 4286
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 653 Ransom Village Way
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th - 12th grade; no diploma
☐ High school graduate or GED completed
☒ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
(Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): James Eldridge Shields Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Edith Peek

DISPOSITION

20a. INFORMANT'S NAME: Neva Thrower Shields
20b. RELATIONSHIP TO DECEDENT: Spouse
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 653 Ransom Village Way Antioch Tennessee 37013
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION-City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert Whitley
22b. LICENSE NUMBER: 3618
22c. SIGNATURE OF EMBALMER: ▶ Michelle Petrino
22d. LICENSE NUMBER: 4188
23a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home & Cremation Service 2627 Nolensville Pike Nashville TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Thomas (D)
25. DATE FILED (Month, Day, Year): July 15 2015

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER (Check only one):
26a. ☐ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. ☐ 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 stated
27a. SIGNATURE OF CERTIFIER: ▶ Allen Bowers III (MD)
27b. LICENSE NUMBER: 76 15387
27c. DATE SIGNED (Month, Day, Year): 7/13/2015
27d. NAME AND ADDRESS

MEDICAL INFORMATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.
a. Cardiopulmonary Arrest Due to (or as a consequence of)
b. Coronary Artery Disease Due to (or as a consequence of):
c. Type 2 DM Due to (or as a consequence of):
d.
Approximate Interval Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City of Town, State)

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8068820

Date Issued JUL 15 2015

CERTIFICATION OF VITAL RECORD