Karen Johnson Davidson County
Batch# 1064596 CERTIFICAT
10/25/2023 08:16:30 AM 2 pgs
Fees: $12.00 Taxes: $0.00
20231025-0083445

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 008172

1. Decedent's Legal Name			2. Sex	3. Date of Death
JOSEPH GOLDEN MCKINLEY JR			MALE	01/31/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
08:00 AM	89	08/15/1933	KANSAS CITY, MO	

8a. Place of Death
NURSING HOME/LONG TERM CARE

8b. Facility Name	8c. City or Town	8d. County of Death
KEMPTON OF HERMITAGE	HERMITAGE	DAVIDSON

9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation	11b. Kind of Business/Industry
MARRIED	SARAH SELBE	PATHOLOGIST	MEDICAL

12. Social Security Number	13a. Residence-State or Foreign Country	13b. County	13c. City or Town
	MONTANA	RICHLAND	SIDNEY

13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
507 14TH ST SE	YES	59270	YES

15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

18. Father's Name	19. Mother's Name Prior to First Marriage
JOSEPH GOLDEN MCKINLEY SR	EMMA JEAN MCKINLEY JEFFERY

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
JIM MCKINLEY	SON	129 CHERRY BRANCH LN, OLD HICKORY, TN 37138

21a. Method of Disposition	21b. Place of Disposition	21c. Location
BURIAL REMOVAL FROM STATE	SIDNEY CEMETERY	SIDNEY, MT

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
► /e/ ELBERT T MCGAHAN	453	► /e/ SAVANNAH EVANS	20312

23a. Name and Address of Funeral Home	23b. License Number
FULKERSON STEVENSON FUNERAL HOMES, 315 2ND STREET NW, SIDNEY, MT 59270	61

24. Registrar's Signature	25. Date Filed
► /e/ EDWARD G BISHOP III	02/13/2023

26. Certifier
26a. ☒ **PHYSICIAN** – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. Certifier	27b. License Number	27c. Date Signed
► /e/ THOMAS B MILLER	7539	02/10/2023

27d. Name and Address
THOMAS B MILLER 166 E. MAIN STREET, HENDERSONVILLE, TN 37075

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). 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. VASCULAR DEMENTIA	3-5 YEARS
	b. CEREBRAL ISCHEMIA	3-5 YEARS
	c. ISCHEMIC CEREBROVASCULAR DISEASE	5-10 YEARS
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. Was an Autopsy Performed?	29b. Were Autopsy Findings Available to Complete the Cause of Death?
NO	

30. Manner of Death	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	NO	N/A

33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury
	34e. Describe How Injury Occurred			34f. Location of Injury

PH-1659E RDA 10112

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

14830968

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Feb-13-2023

THE SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

202310250083445

CERTIFICATE OF AUTHENTICITY

I, Andrea J. Sinclair, hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on February 13, 2023.

Andrea J. Sinclair

Andrea J. Sinclair

10/24/23

Date

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 24th day of October, 2023.

Notary Public

My Commission Expires: 7/7/2025

BEVERLY SEBASTIAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 07, 2025