

STATE OF TENNESSEE
Office of Vital Records



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER **2003 036356**

1 DECEDENT'S NAME (First Middle Last) Larry Morris Neal				2 SEX Male	3 DATE OF DEATH (Month Day Year) August 1, 2003
4 SOCIAL SECURITY NUMBER (of Decedent) Unavailable		5a AGE LAST BIRTHDAY (Month Day Year) 54	5b UNDER 1 YEAR NO	5c UNDER 1 DAY NO	6 DATE OF BIRTH (Month Day Year) May 2, 1949
7 BIRTHPLACE (City and State or Foreign Country) Sommerville, Tennessee			8 PLACE OF DEATH (Check only one) Other		
9 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
10 HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) 7					
9a FACILITY NAME (If not institution give street and number) Regional Medical Center 181		9b CITY/TOWN OR LOCATION OF DEATH Memphis		9c COUNTY OF DEATH Shelby	
10 MARITAL STATUS (M, N, W, D) Never Married		11 SURVIVING SPOUSE (If wife give maiden name) None		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) None	
12b KIND OF BUSINESS/INDUSTRY None		13a RESIDENCE STATE Tennessee			
13b COUNTY Shelby		13c CITY/TOWN OR LOCATION Memphis		13d STREET AND NUMBER OR RURAL LOCATION 2690 Durbe Circle	
13e INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f ZIP CODE 38114		14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15 RACE American Indian, Black, White, etc. (Specify) Black		16 DECEDENT'S EDUCATION (Specify only highest grade completed) 99?			
17 FATHER'S NAME (First Middle Last) James Neal		18 MOTHER'S NAME (First Middle Maiden Surname) Hattie Nelson			
19a INFORMANT'S NAME (Type/Print) Thomas Neal		19b RELATIONSHIP TO DECEASED Brother		19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3705 Shady Hollow Lane Memphis, Tennessee 38116	
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Union Cemetery		20c LOCATION (City or Town, State) Memphis, Tennessee	
21a SIGNATURE OF FUNERAL DIRECTOR Donna Rogers		21b LICENSE NUMBER OF FUNERAL DIRECTOR 4125		21c SIGNATURE OF EMBALMER Donna Rogers	
21d LICENSE NUMBER OF EMBALMER 4187		22a NAME AND ADDRESS OF FUNERAL HOME R. S. Lewis & Sons 374 Vance Avenue Memphis, Tennessee 38126		22b LICENSE NUMBER OF FUNERAL HOME 399	
23 REGISTRAR'S SIGNATURE <i>[Signature]</i>		24 DATE SIGNED (Month Day Year) August 13, 2003		25a PHYSICIAN To the best of my knowledge, death occurred at the date and place and due to the cause(s) and manner as listed <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN	
25b LICENSE NUMBER		25c DATE SIGNED (Month Day Year)		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 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER <i>[Signature]</i>	
26b LICENSE NUMBER 12401		26c DATE SIGNED (Month Day Year) August 5, 2003		27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) O.C. Smith, M.D. 1060 Madison Avenue, Memphis, TN 38104	
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a Arteriosclerotic Cardiovascular Disease 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 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				28a WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		31a DATE OF INJURY (Month Day Year)		31b TIME OF INJURY	
		31c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	

BIRTH NO _____ RDA 1369

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 Department of Health. Alteration or erasure voids this certification.

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

[Signature]
Sharon M. Leinbach
STATE REGISTRAR

Date Issued Jun-29-2004

