

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE
NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

NAME OF DECEDENT
For use by physician or institution

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

DECEDENT'S NAME (First, Middle, Last) Dr. Joe Frank Bryant		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) October 10, 2011	
4. SOCIAL SECURITY NUMBER (of Decedent) 413-32-9125		5. AGE, LAST BIRTHDAY (Year) 78		6. DATE OF BIRTH (Month, Day, Year) Oct 22, 1932	
7. BIRTHPLACE (City and State or Foreign Country) Newbern, Tennessee		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME: (If not institution, give street and number) 402 East Spring Street		9c. CITY, TOWN, OR LOCATION OF DEATH Lebanon		9d. COUNTY OF DEATH Wilson	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Patsy O'Neill		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Physician	
12b. KIND OF BUSINESS/INDUSTRY Medical					
13a. RESIDENCE—STATE TN		13b. COUNTY Wilson		13c. CITY, TOWN OR LOCATION Lebanon	
13d. STREET AND NUMBER OR RURAL LOCATION 402 East Spring Street					
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 37087		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 Specify, if yes:	
15. RACE—American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION: (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+			
17. FATHER'S NAME (First, Middle, Last) Rueben Bryant		18. MOTHER'S NAME (First, Middle, Maiden Surname) Minnie Rogers			
19a. INFORMANT'S NAME (Type/Print) Pat Bryant		19b. RELATIONSHIP TO DECEASED Wife		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 402 East Spring Street Lebanon, TN 37087	
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) Cedar Grove Cemetery		20c. LOCATION—City or Town, State Lebanon TN	
21a. SIGNATURE OF FUNERAL DIRECTOR Jnae R. Partlow		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4840		21c. SIGNATURE OF EMBALMER Jackie R. Partlow	
21d. LICENSE NUMBER OF EMBALMER 3020					
22a. NAME AND ADDRESS OF FUNERAL HOME Partlow Funeral Chapel 602 S. Cumberland, PO Box 901, Lebanon, TN 37087		22b. LICENSE NUMBER OF FUNERAL HOME 559			
23. REGISTRAR'S SIGNATURE Luan Rossan, D.R.		24. DATE FILED (Month, Day, Year) October 17, 2011			
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. SIGNATURE AND TITLE OF PHYSICIAN Robert Bone		25b. LICENSE NUMBER 0758		25c. DATE SIGNED (Month, Day, Year) 10-17-2011	
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) 620 West Main St. Lebanon, TN 37087					
28. PART I. Enter the disease, 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) → metastatic renal cell carcinoma Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. DUE TO (OR AS A CONSEQUENCE OF): 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.					
29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29b. 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"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M	
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)					

PH-1659 (REV 6/99)

4704302

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.

Teresa S. Hendricks
STATE REGISTRAR

Luan Rossan, Deputy Registrar

Date Issued

October 17, 2011

CERTIFICATION OF VITAL RECORD