



TENNESSEE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**

STATE FILE NUMBER

**DECEDENT**

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) Cheri Lynn Payne				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) May 25, 2018	
4. TIME OF DEATH (Approx.) 7:10 am		5a. AGE-Last Birthday (Years) 69		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:	
5. DATE OF BIRTH (Month, Day, Year) October 14, 1948				7. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee			
8a. PLACE OF DEATH (Check only one) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input checked="" type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify) _____							
8b. FACILITY NAME (If not institution, give street and number) Hospice of Chattanooga				8c. CITY OR TOWN Chattanooga		8d. COUNTY OF DEATH Hamilton	
9. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			10. SURVIVING SPOUSE (If wife, give name prior to first marriage) Darryl Linn Payne		11a. DECEDENT'S USUAL OCCUPATION Support Specialist		11b. KIND OF BUSINESS/INDUSTRY U. S. Pretrial Company
12. SOCIAL SECURITY NUMBER 409-78-6893		13a. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee			13b. COUNTY Hamilton		13c. CITY OR TOWN Chattanooga
13d. STREET AND NUMBER 6839 Bacon Lane			13e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 37421		14. WAS DECEDENT EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input checked="" type="checkbox"/> Some college credit, but no degree <input checked="" type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unknown			17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown	

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Physician or Institution)

**PARENTS**

18. FATHER'S NAME (First, Middle, Last) Roy Melvin Cox		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Frances Norton	
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**DISPOSITION**

20a. INFORMANT'S NAME Danny L. Payne		20b. RELATIONSHIP TO DECEDENT Husband		20c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 6839 Bacon Lane, Chattanooga, Tennessee 37421	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Chattanooga F.H. Crematory		21c. LOCATION - City or Town and State Chattanooga, Tennessee	
22a. SIGNATURE OF FUNERAL DIRECTOR J. Michael Blevins, Sr.		22b. LICENSE NUMBER 4173		22c. SIGNATURE OF EMBALMER No Embalming	
22d. LICENSE NUMBER		23a. NAME AND ADDRESS OF FUNERAL HOME Chattanooga F.H., Crematory & Florist East Chapel, P.O. Box 9, Hixson, Tennessee 37343		23b. LICENSE NUMBER OF FUNERAL HOME 986	

**REGISTRAR**

24. REGISTRAR'S SIGNATURE		25. DATE FILED (Month, Day, Year)	
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**CERTIFIER**

26. CERTIFIER (Check only one): 26a. <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. 26b. <input type="checkbox"/> 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)
27d. NAME AND ADDRESS			

**MEDICAL CERTIFICATION**

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) → a. _____ Due to (or as a consequence of) Sequentially list conditions, if any, leading to the cause. b. _____		Approximate Interval Onset to death
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FUNERAL HOME TO RELEASE THE CERTIFIED DEATH CERTIFICATES IN THE FOLLOWING MANNER:

- Pickup
- Pickup with Cremated Remains
- 1st Class Mail (no charge)
- Call when available
- \*Overnight (additional fee)

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

INFORMANT'S SIGNATURE: *X Danny L. Payne*

DATE: *5-25-18*