

1. NAME **John Thomas Stone** 2. DATE OF DEATH **11-30-55**  
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **White** 4. SEX **Male** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** 6. DATE OF BIRTH **10-10-1905** 7. AGE (IN YEARS LAST BIRTHDAY) **50** IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH  
 A. COUNTY **Bedford** B. CIVIL DISTRICT **7th.** C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Rural**  
 D. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE **Tenn.** B. COUNTY **Bedford** C. CIVIL DISTRICT **7th.**  
 D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Rural**

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) **Rt. 6 Shelbyville, Tenn.**  
 E. STREET (IF RURAL, GIVE LOCATION) ADDRESS **Rt. 6 Shelbyville, Tenn.**

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **Manager** 10B. KIND OF BUSINESS OR INDUSTRY **Sealtest Milk Co.** 11. SOCIAL SECURITY NUMBER **410-03-6956**

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN **No** IF YES, GIVE WAR AND DATES OF SERVICE **XXXX** 13. BIRTHPLACE (State or Foreign Country) **Tennessee** 14. CITIZEN OF WHAT COUNTRY? **U.S.A.**

15. FATHER'S NAME **John W. Stone** 16. MOTHER'S MAIDEN NAME **Lula Wiseman** 17. INFORMANT ADDRESS **Mrs. Ruth Stone Rt. 6 Shelbyville, Tenn.**

18. CAUSE OF DEATH  
 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (A) **Coronary thrombosis 420, 1/2 hours**  
 ANTECEDENT CAUSES  
 MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)  
 DUE TO (C)  
 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES  NO  20B. FINDINGS AT AUTOPSY

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (Home, Park, Factory, Street, Office Building, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE  
 SIGNATURE **Alfred Farner** M.D.  OTHER (SPECIFY) **Shelbyville** ADDRESS **Shelbyville** DATE **12-10-55**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **12-1-1955** 23C. NAME OF Cemetery or Crematory **Odd Fellows Masonic** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Lynchburg, Tenn.**

24. FUNERAL DIRECTOR ADDRESS **Cowan Funeral Home Shelbyville, Tenn.** 25. REGISTRATION DIST. NO. **40207** 26. DATE SIGNED BY **12-21-55** 27. REGISTRAR'S SIGNATURE **B.H. Maxson, Jr. M.D.**  
**W.B. Umbill, Sec.**