



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER **2017 100338**

DECEDENT	1. DECEDENT'S LEGAL NAME DEBORAH KAY TURNER				2. SEX FEMALE	3. DATE OF DEATH 09/17/2017	
	4. TIME OF DEATH (Approx.) 02:17	5a. AGE 60	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH 10/26/1956		7. BIRTHPLACE ROCKWOOD, TENNESSEE
8a. PLACE OF DEATH DECEDENT'S HOME							
8b. FACILITY NAME 440 SOUTH RIDGE AVENUE				8c. CITY OR TOWN ROCKWOOD		8d. COUNTY OF DEATH ROANE	
9. MARITAL STATUS NEVER MARRIED		10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION CLERK		11b. KIND OF BUSINESS/INDUSTRY RETAIL SALES INDUSTRY	
12. SOCIAL SECURITY NUMBER 414-96-3764		13a. RESIDENCE-STATE OR FOREIGN COUNTRY TENNESSEE		13b. COUNTY ROANE		13c. CITY OR TOWN ROCKWOOD	
13d. STREET AND NUMBER 440 SOUTH RIDGE AVENUE			13e. INSIDE CITY LIMITS? YES	13f. ZIP CODE 37854		14. WAS DECEDENT EVER IN US ARMED FORCES? NO	
15. DECEDENT'S EDUCATION 9TH - 12TH GRADE, NO DIPLOMA		16. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE WHITE			
PARENTS	18. FATHER'S NAME GARLAND TURNER			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE MAYME PATTERSON			
	20a. INFORMANT'S NAME KATHY BORING		20b. RELATIONSHIP TO DECEDENT SISTER		20c. MAILING ADDRESS 102 LAKEWOOD LANDING, KINGSTON, TENNESSEE 37763		
DISPOSITION	21a. METHOD OF DISPOSITION CREMATION		21b. PLACE OF DISPOSITION COMPANION FUNERAL & CREMATION SERVICE		21c. LOCATION CLEVELAND, TENNESSEE		
	22a. SIGNATURE OF FUNERAL DIRECTOR /e/ ROBERT CODY		22b. LICENSE NUMBER 6625		22c. SIGNATURE OF EMBALMER		22d. LICENSE NUMBER
	23a. NAME AND ADDRESS OF FUNERAL HOME COMPANION FUNERAL HOME (ATHENS), 400 SOUTH WHITE STREET, ATHENS, TENNESSEE 37303						23b. LICENSE NUMBER 1352
REGISTRAR	24. REGISTRAR'S SIGNATURE /e/ LORI FERRANTI				25. DATE FILED 09/28/2017		
	26. CERTIFIER 26A. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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.						
CERTIFIER	27a. CERTIFIER /e/ THOMAS BODUCH		27b. LICENSE NUMBER 14330		27c. DATE SIGNED 09/28/2017		
	27d. NAME AND ADDRESS THOMAS BODUCH 314 EAST SPRING STREET, KINGSTON, TENNESSEE 37763						
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						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. COMBINED OPIATE, AMPHETAMINE AND GABAPENTIN INTOXICATION (OR A CONSEQUENCE OF)					3-4 HOURS
		b. _____ (OR A CONSEQUENCE OF)					
		c. _____ (OR A CONSEQUENCE OF)					
d. _____ (OR A CONSEQUENCE OF)							
PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I. PREVIOUS MYOCARDIAL INFARCTION, ANGINA, HYPERTENSION, ALCOHOL ABUSE						29a. WAS AN AUTOPSY PERFORMED? YES	
						29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES	
30. MANNER OF DEATH ACCIDENT		31. DID TOBACCO USE CONTRIBUTE TO DEATH? YES		32. IF FEMALE: NOT PREGNANT WITHIN PAST YEAR			
33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY 09/16/2017		34b. TIME OF INJURY 22:00		34c. INJURY AT WORK? NO		34d. PLACE OF INJURY AT HOME
	34e. DESCRIBE HOW INJURY OCCURRED ACCIDENTAL DRUG OVERDOSE				34f. LOCATION OF INJURY 619 NORTH FRONT STREET, ROCKWOOD, TN		

This document is not a certified copy.

Pursuant to TENN CODE ANN § 56-7-206, this document may only be used for the purposes of establishing proof of death as it relates to a life insurance policy with a value of fifteen thousand dollars (\$15,000.00) or less.