

SELLARS FAMILY HERITAGE AT GALLATIN
100 EAST ALBERT GALLATIN AVE.
GALLATIN TN. 37066



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 010354

1. Decedent's Legal Name DAWN TOLAR JERNIGAN				2. Sex FEMALE		3. Date of Death 02/06/2024			
4. Time of Death (Approx.) 00:12		5a. Age 85		6. Date of Birth 10/18/1938		7. Birthplace SAVANNAH, GA			
8a. Place of Death INPATIENT									
8b. Facility Name TRISTAR SKYLINE MEDICAL CENTER				8c. City or Town NASHVILLE		8d. County of Death DAVIDSON			
9. Marital Status DIVORCED		10. Surviving Spouse (name prior to first marriage)			11a. Decedent's Usual Occupation X RAY TECHNICIAN		11b. Kind of Business/Industry MEDICAL		
12. Social Security Number 266-58-0580		13a. Residence-State or Foreign Country TENNESSEE			13b. County SUMNER		13c. City or Town BETHPAGE		
13d. Street and Number 193 BUTTERMILK HOLLOW ROAD				13e. Inside City Limits? NO		13f. Zip Code 37022		14. Was Decedent ever in US Armed Forces? NO	
15. Decedent's Education SOME COLLEGE CREDIT, BUT NO DEGREE			16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO			17. Decedent's Race WHITE			
18. Father's Name JOHN BYNUM TOLAR				19. Mother's Name Prior to First Marriage ELLIE MOZELLE DEKLE					
20a. Informant's Name SHERILYN SANDERS		20b. Relationship to Decedent DAUGHTER		20c. Mailing Address 193 BUTTERMILK HOLLOW ROAD, BETHPAGE, TN 37022					
21a. Method of Disposition CREMATION		21b. Place of Disposition SFH CREMATION			21c. Location GALLATIN, TN				
22a. Signature of Funeral Director /s/ SUE NEWBY ALEXANDER		22b. License Number 3697		22c. Signature of Embalmer		22d. License Number			
23a. Name and Address of Funeral Home SELLARS FAMILY HERITAGE AT GALLATIN, 100 EAST ALBERT GALLATIN AVE., GALLATIN, TN 37066						23b. License Number 1111			
24. Registrar's Signature /s/ EDWARD G BISHOP III				25. Date Filed 02/20/2024					
26. Certifier 26a. <input checked="" 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 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.									
27a. Certifier /s/ BARRETT DOW CONNER				27b. License Number 028554		27c. Date Signed 02/19/2024			
27d. Name and Address BARRETT DOW CONNER 3443 DICKERSON PIKE SUITE 680, NASHVILLE, TN 37207									
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. INTRAVENTRICULAR HEMORRHAGE									
b. HYPERTENSIVE EMERGENCY									
c.									
d.									
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I DIABETES MELLITUS						29a. Was an Autopsy Performed? NO			
						29b. Were Autopsy Findings Available to Complete the Cause of Death?			
30. Manner of Death NATURAL		31. Did Tobacco Use Contribute to Death? UNKNOWN		32. If Female: NOT PREGNANT WITHIN PAST YEAR					
33. If Transportation Injury, Specify:		34a. Date of Injury		34b. Time of Injury		34c. Injury at Work?		34d. Place of Injury	
		34e. Describe How Injury Occurred				34f. Location of Injury			

RDA 10112

PH-1659E

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.