

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER **2020 043984**

1. Decedent's Legal Name GRANT RHODES HUFFINES SOLOMON		2. Sex MALE	3. Date of Death 07/20/2020
4. Time of Death (Approx.) 09:28 AM	5a. Age 18	6. Date of Birth 06/13/2002	7. Birthplace DAVIDSON COUNTY, TN
8a. Place of Death ER/OUTPATIENT			
8b. Facility Name SUMNER REGIONAL MEDICAL CENTER		8c. City or Town GALLATIN	8d. County of Death SUMNER
9. Marital Status NEVER MARRIED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation STUDENT	11b. Kind of Business/Industry HIGH SCHOOL
12. Social Security Number	13a. Residence-State or Foreign Country TENNESSEE	13b. County WILLIAMSON	13c. City or Town FRANKLIN
13d. Street and Number	13e. Inside City Limits? YES	13f. Zip Code 37064	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	
18. Father's Name AARON LAWRENCE SOLOMON		19. Mother's Name Prior to First Marriage ANGELIA LEE HUFFINES	
20a. Informant's Name AARON SOLOMON	20b. Relationship to Decedent FATHER	20c. Mailing Address FRANKLIN, TN 37064	
21a. Method of Disposition BURIAL	21b. Place of Disposition WILLIAMSON MEMORIAL GARDENS	21c. Location FRANKLIN, TN	
22a. Signature of Funeral Director /s/ PAMELA J STEPHENS	22b. License Number 5116	22c. Signature of Embalmer /s/ ROGER BATES	22d. License Number 4218
23a. Name and Address of Funeral Home WILLIAMSON MEMORIAL FUNERAL HOME AND CREMATION SERVICES, 3009 COLUMBIA AVE, FRANKLIN, TN 37064			23b. License Number 615
24. Registrar's Signature /s/ EDWARD G BISHOP III		25. Date Filed 07/28/2020	
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.			
27a. Certifier /s/ JOHN R. PINKSTON		27b. License Number 24327	27c. Date Signed 07/28/2020
27d. Name and Address JOHN R. PINKSTON, 255 AIRPORT ROAD, PORTLAND, TN 37148			
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 one listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.			
a. MULTIPLE BLUNT FORCE TRAUMA			
b. RUN OVER BY AUTOMOBILE			
c.			
d.			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I			29a. Was an Autopsy Performed? NO
			29b. Were Autopsy Findings Available to Complete the Cause of Death?
30. Manner of Death ACCIDENT	31. Did Tobacco Use Contribute to Death? NO	32. If Female: N/A	
33. If Transportation Injury, Specify: PEDESTRIAN	34a. Date of Injury 07/20/2020	34b. Time of Injury 08:40 AM	34c. Injury at Work? UNKNOWN
	34d. Place of Injury STREET	34e. Location of Injury 1357 SOUTH WATER AVE, GALLATIN, TN	
	34f. Describe How Injury Occurred RUN OVER BY CAR		

PH-1659 (Rev. 8/2017)

RDA 10112

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I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper, showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
Edward G. Bishop III
State Registrar

Lisa Piercy
Lisa Piercy, MD, MBA, FAAP
Commissioner



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Date issued: Jul-29-2020



CERTIFICATION OF VITAL RECORD