

# THE THANAGRAM

Fall 2022

Official Publication of the Tennessee Funeral Directors Association, Inc.

## IN THIS ISSUE

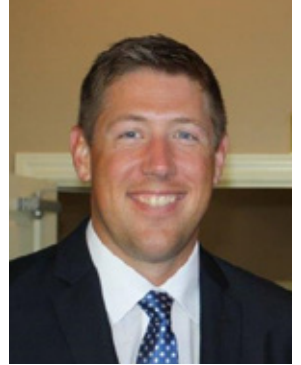
**EMERGENCY  
PREPAREDNESS**

**SUICIDE  
PREVENTION**

**OBITUARIES**

## President's Message

Brent T. McNeeley • TFDA Board of Directors



Greetings TFDA Professionals!

I hope that everyone has been able to enjoy their summer, and those of you with school age children (like me!), that it was a smooth start getting back into the flow of things. It was great to see everyone who attended the District Meetings. I had the opportunity to attend my first West District Meeting in Jackson. These events were very well attended, and serve as a great opportunity to receive 5 of your required 10 hours of continuing education all in one day.

We were so fortunate to have 3 great and informative District Meetings with true friends of our industry serving as our special guests. First in Middle Tennessee with Michael Hale, owner of Dekalb Funeral Chapel in Smithville. Michael is running for a seat in the Tennessee House of Representatives in House District 40. Next, we made our way to Jackson for the West District meeting. We were joined by Brent Taylor, a West Tennessee industry veteran with nearly 35 years of service in our esteemed profession. Brent is running for a seat in the Tennessee Senate in Senate District 31. Finally, our East Tennessee meeting wrapped up the tour of that state and we were joined by Representative Rebecca Alexander from House District 7. Rebecca and her Husband, Howie are the longtime owners of Dillow-Taylor Funeral Home and Cremation Service in Jonesborough. To have 3 industry affiliated members serving in the State General Assembly would be a great opportunity for the future success for funeral service at the state level. I urge you to support these candidates, especially if you are in their voting districts.

For the 3-hour continuing education program, we were fortunate to be joined by Dr. Adele Lewis, M.D., State Chief Medical Examiner for Tennessee and Dr. Amy Hawes, M.D., Deputy Chief Medical Examiner. They covered interesting information pertaining to death certificates and unique circumstances involving natural disasters and other mass fatality situations.

A very special thank you to our Endorsed Companies, Investors Heritage Life Insurance Company, Matthews-Aurora Funeral Solutions, and Lending USA for their support of these meetings, and our great partners with the TFSSC. Without this support, these great educational opportunities would not be possible.

In closing, I would just like to say thank you to the membership for welcoming this small-town Funeral Director into your parts of the state and I encourage anyone who is interested in serving the TFDA in any capacity to not hesitate in reaching out to me, or any other board member. It is the highlight of my professional career to serve as your President, and together we can all make a positive impact on our time-honored profession.

Respectfully,  
Brent T. McNeeley

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**Our Mission:**

To be the Tennessee Funeral Professional leadership advocate, through communication, education and legislation, thereby empowering the licensed funeral professional the ability to serve at the highest level.



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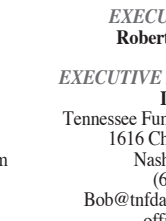
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# Emergency Preparedness

Reprinted from the Tennessee Department of Health website

Cedep Emergency Preparedness (tn.gov)

## Mission

- To prepare for, respond to and recover from health emergencies affecting the State of Tennessee.
- The Emergency Preparedness Program is responsible for developing plans for the Tennessee Department of Health to protect the health of residents and visitors from the effects of man-made and naturally occurring events.

## Emergency Preparedness Program

- The EP program coordinates with federal, state and regional partner agencies such as the Centers for Disease Control and Prevention, the Tennessee Emergency Management Agency and local health departments to identify resource and planning needs.

## Six Domains of Preparedness

### Community Resilience

#### Preparing for and Recovering From Emergencies

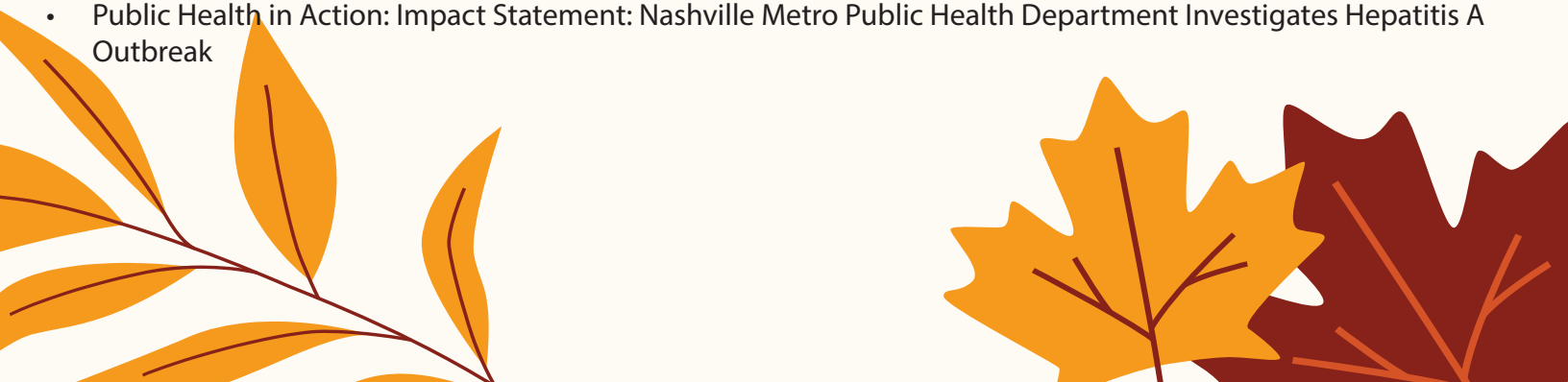
Community Resilience focuses on enhancing the day-to-day health and wellbeing of communities to reduce harm from disasters. Communities are increasingly complex, and so are the challenges they face. Human-caused and natural disasters are more frequent and costly. Factors like climate change can bring disaster related risks to greater numbers of people. Addressing these threats calls for an approach that combines what we know about preparing for disasters with actions that strengthen communities every day.

#### Capability 1: Community Preparedness

- Defines at-risk individuals as people with access and functional needs that may disproportionately impacted by an incident, and provides parameters to identify those populations
- Highlights Americans with Disabilities Act (ADA) requirements in jurisdictional public health preparedness and response plans
- Accentuates the importance of community partnerships, including tribes and native-serving organizations in public health preparedness and response activities
- Promotes integration of community partners to support restoration of community networks and social connect- edness to improve community resilience

#### Capability 2: Community Recovery

- Highlights the need to define the jurisdictional public health agency recovery lead and support role
- Supports the National Disaster Recovery Framework (NDRF)
- Promotes integration of community partners to support community recovery and restoration
- Emphasizes engagement of community partners to access hard-to-reach populations to ensure inclusive communications that meet the needs of the whole community
- Public Health in Action: Impact Statement: Nashville Metro Public Health Department Investigates Hepatitis A Outbreak



# Incident Management

## Coordinating an Effective Response

Incident Management collaborates government and nongovernment organizations and the private sector to work together to prevent, protect against, mitigate, respond to and recover from incidents. The National Incident Management system provides stakeholders across the whole community with the shared vocabulary, systems, and processes to successfully deliver the capabilities describe in the National Preparedness System. NIMS defines operational systems that guide how personnel work together during incidents.

### Capability 3: Emergency Operations Coordination

- Distinguishes the need to identify and clarify the jurisdictional Emergency Support Function #8 (ESF #8) response role based on incident type and characteristics
- Incorporates the National Health Security Strategy and Crisis Standards of Care for public health activation
- Emphasizes the importance of supporting development of mission ready-packages for mutual aid and understanding the Emergency Management Assistance Compact

Public Health in Action: Impact Statement: East and Upper Cumberland Regions Prepare for Governor's Inauguration

Deployable Resources

Crisis Standard of Care Plan

### Ongoing Emergencies and Outbreaks

Coronavirus Disease (COVID-19)

Tennessee Hepatitis A Outbreak

Zika Virus

# Information Management

## Making Sure People Have Information to Take Action

Tennessee Department of Health TEMARR Information Systems provide community wide situational awareness in support of both Hospital Preparedness Program and Public Health Emergency Preparedness. The Hospital Preparedness Program establishes a nationwide healthcare emergency management system that strengthens the ability of our nation's communities to prepare for, respond to, and recover from health medical threats- saving lives 24/7/365. Public Health Emergency Preparedness Program strengthens the ability of our nation's communities to prepare for, withstand, and recover from public health threats- saving lives 24/7/365.

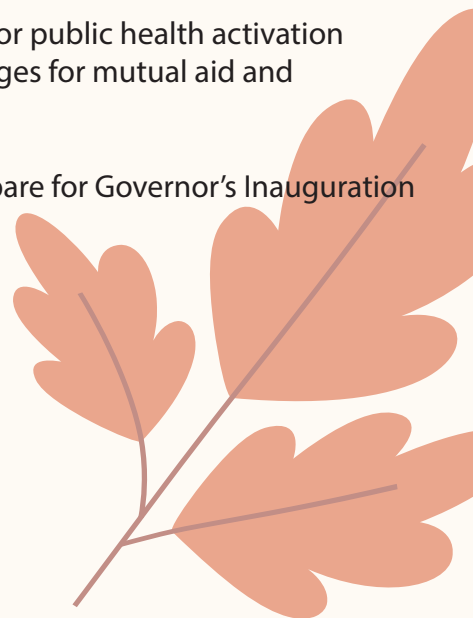
Emergency Preparedness maintains and utilizes the Tennessee Emergency Medical Awareness, Response and Resources systems (TEMARR). These systems ensure secure electronic data exchange among public health partners' computer systems. These systems include the Tennessee Health Alert Network, the Healthcare Resource Tracking System, the Tennessee Volunteer Mobilizer, and the Tennessee Countermeasure Response Network. Eight Regional Medical Communication Centers serve as a statewide medical communication system.

### Capability 4: Emergency Public Information and Warning

- Promotes the need to leverage social media platforms for issuing emergency public information and warnings
- Clarifies conditions for establishing a virtual Joint Information Center and Joint Information System
- Includes content to identify and reach populations at risk to be disproportionately impacted by incidents and those with limited access to public information messages

### Capability 6: Information Sharing

- Increases alignment to public health surveillance and data strategies
- Emphasizes the need to implement data security and cybersecurity



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**2011** S&S Cadillac Hearse  
53k miles



**2022** Eagle Cadillac Limo



**2017** Eagle Regency Cadillac Limo  
70" - 42k miles



**2009** Eagle Echelon L Cadillac Limo  
35k miles



**2008** S&S Cadillac Limo  
41k miles



**2022** K2 Chrysler Pacifica Van

- Emphasizes the need to decrease reporting time and increase collaboration by expanding use of electronic information systems, such as electronic death registration, electronic laboratory reporting, and syndromic surveillance systems

### **Healthcare Resource Tracking System (HRTS)**

HRTS is a secure website used by Tennessee healthcare facilities and emergency managers to direct ill or injured patients to appropriate healthcare facilities in the event of an emergency or disaster. HRTS allows healthcare facilities to record and continually update their current availability of beds, specialty services, and resources providing state-wide awareness for emergency managers.

### **Tennessee Volunteer Mobilizer (TNVM)**

The TNVM is for registration, retention, and notification of Public Health's Medical and Non-Medical Volunteers. All volunteers undergo initial background checks and a nightly automated connection to the State's Licensure Bureau assists with validating medical licensure. The system is administrated by State Health, while each of the 13 public health region is responsible for all aspects of volunteer management. Open registration allows volunteers to choose their Volunteer County, provide multiple ways to be contacted effectively and complete all required fields, before being placed into a volunteer group. Notifications and responses are capable of being tracked for effectiveness and management.

### **Tennessee Health Alert Network (TNHAN)**

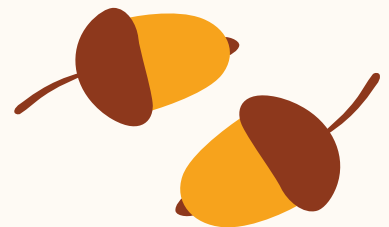
The TNHAN is Public Health's method for contacting first responder, healthcare professionals in Tennessee. TNHAN is a closed system and is administrated and utilized both statewide and locally, in the 13 public health regions. There are currently over 8000 professionals from police, fire, hospital, public health, and other emergency response agencies, that are identified in specific groups within the TNHAN system. New responders are added by the system administrators to ensure they are in the proper notification groups. These responders can be alerted through multiple media methods, in the event of an emergency and their response can be tracked.

### **Tennessee Countermeasure Response Network (TNCRN)**

The TNCRN is collaboration between the Emergency Preparedness Program, emergency managers and responders, health care providers, pharmacies, and private entities. TNCRN is comprised of two systems. There is a system that supports the inventory management which includes pharmaceuticals and other assets. The other system provides the ability to track patients from the location of the incident to healthcare facilities and finally repatriation. These web-based systems assist the health community in making fast, well-informed decisions during public health emergencies. Before, during, and after an emergency, TNCRN allows emergency managers and planners to manage patient flow, medication allocation and dispensing, and other resources.

### **PHEP Dashboards**

- Mental Health Portal
- Facility Status Dashboard
- Healthcare Facilities Available by Bed Type
- Hospital ED- Accept Patient by Category



## **Countermeasures and Mitigation**

### **Getting Medicines and Supplies Where They Are Needed**

Countermeasures and Mitigation involves dispensing and administration assistance to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, devices, antiviral drugs, antibiotics, and antitoxins.

### **Capability 8: Medical Countermeasure Dispensing and Administration**

- Revises the Capability 8 title, definition, and content to account for both the dispensing and the administration of medical countermeasures, such as vaccines, antidotes, and antitoxins

- Adds content and resources to account for potential radiological or nuclear exposure
- Broadens the network of dispensing and administration sites to include pharmacies and other locations

### **Capability 9: Medical Material Management and Distribution**

- Broadens the cold chain management guidance to include all aspects of storage and handling
- Expands recovery activities to incorporate proper handling and disposal of infectious, hazardous, or contaminated materiel and waste
- Accounts for security and inventory management tasks that occur throughout the entire distribution process

### **Capability 11: Nonpharmaceutical Interventions**

- Focuses on collaboration by expanding suggested partners for implementing nonpharmaceutical interventions
- Supports establishment of community reception center processes to enhance ability to respond to radiological and nuclear threats
- Highlights management of mass gatherings (delay and cancel) based on all-hazards scenarios

### **Capability 14: Responder Safety and Health**

- Incorporates the need to securely manage responder data
- Improves responder on-site management, tracking, in-processing, and out-processing
- Reprioritizes hierarchy of control and promotes the alignment of responder safety and health control measures, for example, personal protective equipment, with jurisdictional risk assessment findings

Public Health in Action: Fight Flu TN Impact Statement: Tennessee County Health Departments Provide Free Flu Vaccines Across Tennessee

### **Medical Countermeasures**

#### **MCMS CAN INCLUDE:**



#### **Biologic products**

vaccines, blood products, and antibodies



#### **Drugs**

antimicrobial or antiviral drugs



#### **Devices**

diagnostic tests to identify threat agents and personal protective equipment (PPE)

### **Strategic National Stockpile**

The Emergency Preparedness program distributes medicine and medical supplies in the event of a disaster. These items often come from the Strategic National Stockpile, a supply of emergency items. The SNS supplies antibiotics, vaccines, antitoxins, chemical antidotes and medical/surgical items. SNS materials are designed to supplement and re-supply state and local public health resources, as well as other health care agencies in the event of a national emergency. The EP program continues to receive high ratings from the CDC for its level of preparedness to receive the SNS during an act of bioterrorism or a mass casualty event.

# Surge Management

## Expanding Medical Services to Handle Large Events

Medical surge is the ability to expand care capabilities and to provide medical evaluation and care to the injured or ill during events, natural or man-made, that cause health care facilities to exceed the limits of their normal medical capacity capabilities in response to a great increase in demand. Large events require us to expand and change medical services available to meet the needs of the public. Surge Management works to increase the surge capacity of healthcare systems. Emergency Preparedness sustains all-hazards electronic and communication response tools needed by healthcare providers for regional and statewide disasters.

Public Health in Action: Impact Statement: Knoxville-East Region Train in Improving Pediatric Surge Capacity

### Capability 5: Fatality Management

- Clarifies importance of identifying the public health agency role in fatality management and describes potential fatality management lead, advisory, and support roles
- Aligns the fatality management definition to the existing federal definition as recommended by the U.S. Department of Health and Human Services' (HHS), Disaster Mortuary Operational Response Team
- Updates resources to improve coordination, accuracy, and timeliness of electronic mortality reporting

### Capability 7: Mass Care

- Incorporates content for accommodating individuals with functional and access needs within general population shelters
- Includes considerations for registration of individuals requiring decontamination or medical tracking in the event of an environmental health incident
- Coordinated content with HHS Assistant Secretary for Preparedness and Response's (ASPR) Health Care Preparedness and Response Capabilities



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## Capability 10: Medical Surge

- Emphasizes the need to define public health agency lead and support roles within medical surge operations
- Eliminates use of the term “HAvBED” because the term is no longer promoted by the Hospital Preparedness Program and focuses instead on “situational awareness” and “health care systems tracking” as an overarching theme
- Emphasizes the need to identify and clarify the jurisdictional ESF #8 response role in medical surge operations based on jurisdictional role and incident characteristics

## Capability 15: Volunteer Management

- Addresses the need to monitor volunteer safety, risks, and actions during and after an incident
- Strengthens and clarifies volunteer eligibility considerations, such as medical, physical, and emotional health, during the volunteer selection process
- Promotes use of Emergency Responder Health Monitoring and Surveillance

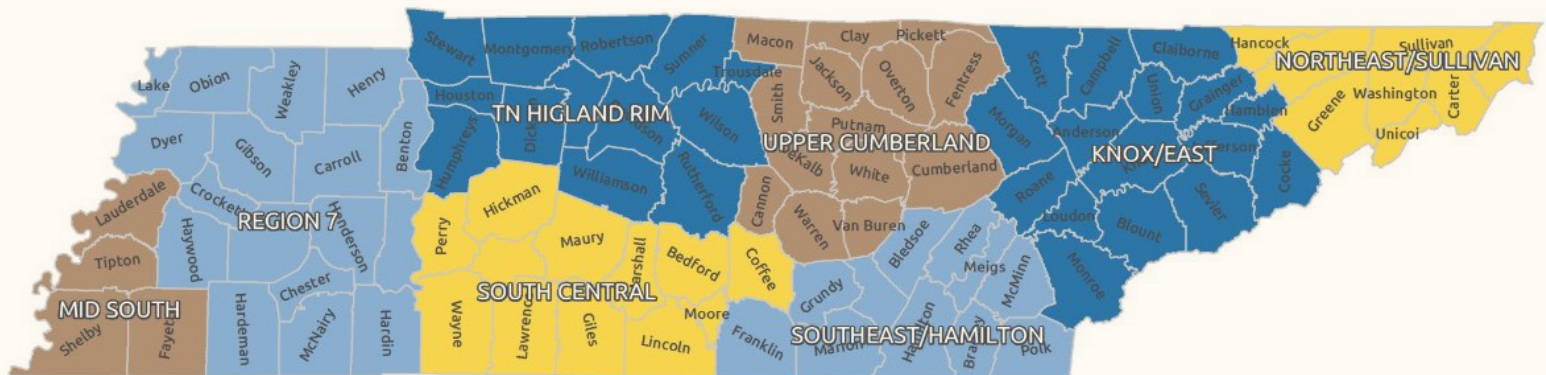
In Tennessee, much of the work in Surge Management occurs through our eight Healthcare Coalitions. Healthcare Coalitions are collaborative networks of healthcare organizations and their respective public and private sector partners that assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.

For more information on healthcare coalitions and the hospital preparedness program, visit: [Hospital Preparedness Program](#).

The Medical Reserve Corps serves as the department’s volunteer organization. Emergency Preparedness regional MRC units recruit and train medical and general volunteers to support the Tennessee Department of Health, hospitals and medical care providers in a public health emergency. To get contact information for the MRC unit nearest you, or to join visit Medical Reserve Corps.

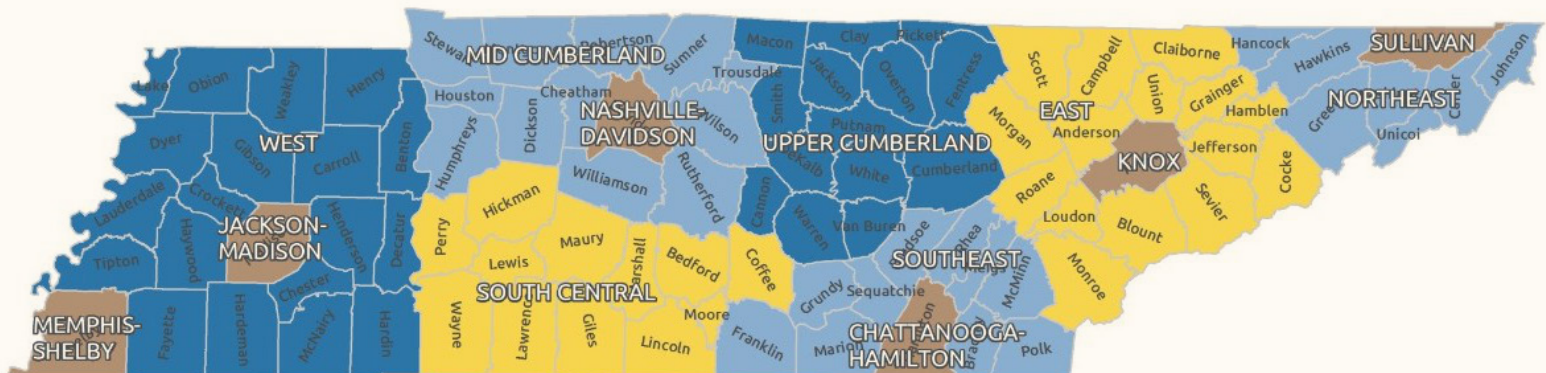
## Tennessee Healthcare Coalitions

Shown below are the TN healthcare coalitions organized to align with the 8 EMS regions in the state.



## Public Health Regions

Shown below are the 13 public health regions divided into 6 metropolitan areas and 7 rural jurisdictions.



# Biosurveillance

## Investigating and Identifying Health Threats

### Capability 12: Public Health Laboratory Testing

- The Tennessee Department of Health State Public Health Lab conducts laboratory testing and report results, enhances laboratory communications and coordination, and supports training and outreach.

### Capability 13: Public Health Surveillance and Epidemiological Investigation

- Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.
- One tool in the public health surveillance toolbox is syndromic surveillance. Check out TDH's 2021 Syndromic Surveillance summary to learn more about this system and how we put it to use in Tennessee.
- Public Health in Action: Impact Statement: Knox County Health Department Investigates Shiga Toxin-Producing E. Coli (STEC) Outbreak
- Training
  - Epi Info Training: Epi Info™ is a public domain suite of interoperable software tools designed for public health practitioners and researchers, developed and provided by the Centers for Disease Control and Prevention (CDC). This online training is intended for users to develop a broad understanding of the features and functions of the software, and to have hands on experience with its use. The training is a self-paced series of seven modules, developed through a partnership between the Tennessee Department of Health and East Tennessee State University.
  - Infectious Disease Training for Law Enforcement: Using Ebola Virus Disease as an example, this training helps law enforcement personnel gain an understanding of highly infectious diseases.
  - GIS Training Resource: Geocoding Cookbook: A Guide to Creating a Point So You Can Make a Point: This geocoding cookbook is meant to serve as a guide for everyday use and provides additional listed resources. The purpose of geocoding is to assign geographical coordinates to address data in order to display those data as points on a map. Geocoding is the process of geo-referencing a street address to a location on an electronic map.

## Danny Cook Retires from Dyersberg Funeral Home

After 42 years of serving families of Dyer, Lake and Obion Counties, Danny T. Cook has retired from Dyersburg Funeral Home. Ever since Danny was in elementary school, he knew this was the job he wanted to do. He just felt that this was God's plan for him.

Danny was a graduate of Murray State University and was a graduate of the last class of the Kentucky School of Mortuary Science in 1980. He worked at Pearson Funeral Home in Louisville, KY during his time at school for 13 months.

In November of 1980, Danny became a licensed Funeral Director and Embalmer at Dyersburg Funeral Home. During his time at Dyersburg Funeral Home, he served on the Tennessee Board of Funeral Directors and Embalmers; as a member, Vice President and President, serving from 2003-2006.

Danny served on the TFDA Board of Directors for the Western District, then as Secretary, Vice President and then President in 2014-2015.

In September 2022, Danny was elected to be the Mayor of Lake County but will still assist Dyersburg Funeral Home on a part time basis.

Danny said that he hoped he was able to uphold the highest standards of the funeral profession, and he hoped that he was able to provide the service and comfort that our friends needed during some of the worst times of their lives.

Danny also added that he appreciates the great friendships that he made from all across the State of Tennessee. There are some of the finest people in the world that share my desire to serve others, and I will always cherish my funeral profession family.

He wishes nothing but the best for all of the funeral professionals, sales club members, staff and their families. He was honored to be a part of this fantastic group of men and women.

Even with a new position, Danny said he will always be keeping up with you all and looks forward to seeing you soon.



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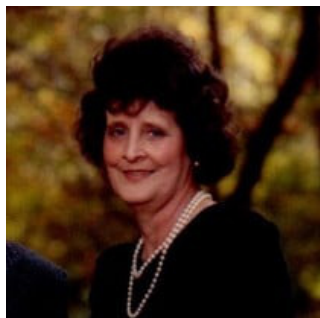
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# Obituaries



**Mother and mother-in-law of Meryl and Steve Spann**

**Mrs. Carolyn Jean Stinson**

September 25, 1935 — July 23, 2022  
Carolyn Jean Proctor Stinson Age: 86 Of: Dickson, Tennessee Died: Saturday, July 23, 2022, Bon Aqua, TN. Carolyn was a member of the First Baptist Church in Dickson, the

VFW Ladies Auxiliary, and the American Legion Ladies Auxiliary. She worked for 25 years as a nurse at Jackson Clinic. She was a devoted wife, mother, and grandmother. She lived her life taking care of others and especially her grandchildren. 2 Daughters: Judy Rist (Randal) of Bon Aqua, TN Meryl Spann (Steve) of Dickson, TN 2 Sons: Mike Stinson of Vanleer, TN Wendell Stinson (Sarah) of Dickson, TN 5 Sisters: Frances Simpson of McEwen, TN Erma Moore of Jackson, TN Wanda Kay Vaughn of Waverly, TN Marilyn Henry of McEwen, TN Darlene Brinson of Jenkinsburg, GA 3 Brothers: Thomas E. Proctor of Williamson, GA Neil Proctor of McEwen, TN Warren Proctor of McEwen, TN 5 Grandchildren: Crystal Elliott (Jamie), Dylan Stinson (Jill), Kelsey Rist, Madison Spann, Pierson Stinson. 4 Great Grandchildren: Chase Elliott, Eliza, Caroline & Kate Stinson Preceded in Death By: Parents: Ervin Edmonson & Hazel Bishop Proctor Husband: James Stinson Daughter-in-Law: Peggy Stinson 3 Brothers: Billy, Doyle & Jim Proctor 1 Sister: Dorothy Proctor. In Lieu of Flowers memorials to Frist Baptist Church & American Heart Association.



**Mrs. Janice Agee Anderson, the mother and mother-in-law of Wayne and Lee Ann Anderson of Anderson and Son Funeral Homes of Lafayette and Red Boiling Springs.**

Janice Agee Anderson, age 78 of Carthage, TN passed away Monday afternoon, August 8, 2022 at the Quality Center for Rehab and Healing in Lebanon, TN. Janice is in the care of Anderson & Son Funeral Home in Red Boiling Springs, TN.

She is survived by: son and daughter-in-law, Wayne and Lee Ann Anderson; grandsons & their spouses, Landon & Molly Anderson, Logan & Cristina Anderson; granddaughter, Leah Beth Anderson; great-grandchildren, Yokley, Lynlee, Avarie, Carson, Shelby & Ava all of Red Boiling Springs; sister, Peggy Kemp of Defeated Creek Communi-

ty; brother & sister-in-law, Stan & Patty Agee; sister-in-law, Mollie Agee; aunt, Helen Butler all of the Gladdice Community in Jackson County; a host of nieces and nephews.



**Jerry Dudley Paschall, 82, a resident of Union City, died Sunday, September 11, 2022, at Baptist Memorial Hospital Union City.**

Mr. Paschall was born on April 5, 1940 in Paris, TN to the late Conyers and Edna (Valentine) Paschall. He married Jane (Cultra) Paschall on April 5, 1964. She survives. Jerry served in the United State Air Force and was active in community activities in both Paris and Union City. He was a graduate of Grove High School in Paris, a graduate of Gupton-Jones College of Funeral Service in Dallas, Texas. A member of the Community Bible Church, member of the Union City Civitan Club, Optimist Club in Paris, Union City Jaycee, During his funeral service career he worked at Ridgeway Funeral Home in Paris and White-Ranson Funeral Home and he soon became known as (Uncle Jerry) to his co-workers. He also worked at several banks throughout his banking career which included Farmers Exchange Bank, Old & Third National Bank, Commerce Union Bank and Nations Bank.

Jerry was owner of Paschall Pecans which he started after retirement. Family came first for Jerry and each member was special to him. He will be greatly missed by his family and friends.

Mr. Paschall is also survived his wife of 58 years, Jane Paschall of Union City; son, Kevin Scott Paschall and his wife Amy of Union City; one daughter, Kimberly Ann Taylor and her husband Thel of Union City; five grandchildren, William Owen Taylor of Union City; Ginny Starks and her husband Chase of Union City; Graham Scott Paschall of Union City; Thompson Cultra Paschall of Union City, Warren Reese Paschall of Union City, three great-grandchildren, Bryar Starks, Coleson and Wynnstin Starks of Union City, two brothers, Fred Paschall and his wife Londa of Olive Branch, Miss, and David Paschall and his wife Diane of Paris. Several nieces and nephews.

He is also preceded in death by his sisters, Margaret Moholt and Shirley Ellis.



**Charles Wilburn Capehart** is Cindi Milam's brother. She is the manager of Austin & Bell Funeral Home in White House, TN.

**Charles Wilburn Capehart**  
January 29, 1935 ~ September 14, 2022 (age 87)

Charles Wilburn Capehart, 87, Chattanooga, TN, peacefully passed away Wednesday, September 14, 2022.

He was born January 29, 1935 in Tunnel Hill, GA, to the late Fuller and Lavina Capehart. In addition to his parents, Mr. Capehart was preceded in death by his brother, Horace Capehart.

Mr. Capehart proudly served in the United States Marines Corps during the Korean War. He retired as a maintenance mechanic with Coors after many years of service. He was a member of the Brainerd Masonic Lodge #736 F&AM and Alhambra Shrine Temple.

Mr. Capehart will be remembered for his devotion to his wife of 66 years, his love for his family and a kind, gentle heart. He was very proud of his grandsons and great grandson. He loved animals and had many different kinds over the years. He enjoyed feeding birds and squirrels, taking care of his cats and his beloved dog Zoey. Mr. Capehart also enjoyed yard work and taking care of his garden.

Survivors include his wife, Patricia "Pat" Capehart to whom he married on July 21, 1956; son, Roger Capehart; daughter, Star Kinser (Frank); two grandsons, Travis Kelly and Matthew Warren; great-grandson, Ayden Kelly; two sisters, Linda Pittman (Mike) Jones, Cindi (Jim) Milam; many nieces and nephews.

You may share condolences at [www.heritagechattanooga.com](http://www.heritagechattanooga.com)

In lieu of flowers the family respectfully requests memorial contributions be made to "A Paw and a Prayer Dog Rescue" 8151 Davidson Road Chattanooga, TN 37421.

Arrangements by Heritage Funeral Home, East Brainerd Chapel.

**Memorial Donation made in honor of  
Pam Farrar**

by Jerry Griffey, Knoxville, TN

**Memorial Donation made in honor of  
Ellis Condor Galyon, Jr.**

by Jerry Griffey, Knoxville, TN



**John Russell Gilley** is the son of Kenny and Debbie Gilley, Woodbury Funeral Home, Woodbury, TN.

**John Russell Gilley**

January 30, 1976 ~ September 15, 2022 (age 46)

John Russell Gilley, 46, of Murfreesboro, passed away Thursday, September 15, 2022, at St. Thomas Rutherford. He was born January 30, 1976, in Woodbury, TN.

He is survived by his husband, Brad Withrow of Murfreesboro; his parents, Kenny and Debbie Foster Gilley of Woodbury; grandmother, Lois Larimer of Woodbury; his sisters, Korie Gilley (Shannon DeBerry), Rebecca (Matt) Alexander and Katie (Dylan) Miller all of Woodbury; nieces and nephews of which he adored and loved as his own, Hunter and Luke Blanton, Delaney Aycock, Colt, Hattie and Walker Alexander and Briggs Miller; his fur babies; Collins Blue, Bailey and Ben; best friend, Olivia Hayes; brother-in-law, Brian Withrow and sister-in-law, Angie Wooten; Many aunts, uncles and cousins also survive.

He was preceded in death by his mother, Sherry Fuqua Gilley and his brother, James Nathan Gilley.

John was a graduate of Cannon Co. High school, Class of 1994 and David Lipscomb University where he earned his degree in History and Biblical studies. He enjoyed playing tennis. John had a wonderful and unique sense of humor. If he ever watched a movie you would hear it in quotes in everyday conversations. He loved big and gave to others even bigger. His love for music was a match for no other. He found happiness and contentment in everything life had to offer, even in a bad situation his outlook was the best. John loved history, true crime, watching Survivor and Saturday Night Live of which he would often act out. He will forever be missed by all of us who loved and knew him.

For those wishing to do so, donations may be made to Short Mtn. Bible Camp or the Riverside Gardens Cemetery. John's family would love for you to share your memories of John on his online guestbook.

Woodbury Funeral Home, 615-563-2311 or to leave condolences for his family, please visit [www.woodburyfuneralhome.net](http://www.woodburyfuneralhome.net).



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# American Foundation for Suicide Prevention, Tennessee Chapter

Submitted by Paul Augustyniak, Board Chair

## What leads to suicide?

There's no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Conditions like depression, anxiety, and substance problems, especially when unaddressed, increase risk for suicide. Yet it's important to note that most people who actively manage their mental health conditions go on to engage in life.

## Risk factors

Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.

## Health

- Mental health conditions
  - Depression
  - Substance use problems
  - Bipolar disorder
  - Schizophrenia
  - Personality traits of aggression, mood changes and poor relationships
  - Conduct disorder
  - Anxiety disorders
- Serious physical health conditions including pain
- Traumatic brain injury

## Environmental

- Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

## Historical

- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect or trauma

## Protective Factors

- Access to mental health care, and being proactive about mental health
- Feeling connected to family and community support
- Problem-solving and coping skills
- Limited access to lethal means
- Cultural and religious beliefs that encourage connecting and help-seeking, discourage suicidal behavior, or create a strong sense of purpose or self-esteem

## Warning signs

Something to look out for when concerned that a person may be suicidal is a change in behavior or the presence of entirely new behaviors. This is of sharpest concern if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

## Talk

If a person talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

## Behavior

Behaviors that may signal risk, especially if related to a painful event, loss or change:

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching on-line for methods
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue

## Mood

People who are considering suicide often display one or more of the following moods:

- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation/Shame
- Agitation/Anger
- Relief/Sudden Improvement - they've made their decision

Further, we maintain our own subsite in Tennessee: [afsp.org/tennessee](http://afsp.org/tennessee). The new 9-8-8 Crisis Line (which took the place of the old 10-digit number) is now live and on-line for people in crisis or for those who would like to help someone in crisis. Callers to 988 in Tennessee are routed first to Tennessee resources with a backup to out of state resources and counselors. We have excellent partnerships with many Tennessee mental health partners like Tennessee Suicide Prevention Network (TSPN) and Tennessee Family and Children's Services (FCS).

An aerial photograph of a lush green forest with a river winding through it. The river reflects the sky and surrounding trees. The image is used as a background for the advertisement.

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## FUNERAL SOLUTIONS

As the “Exclusive Primer Partner”, Matthews Aurora Funeral Solutions has been and will continue to support TFDA with our programs, partnership and our Total Solutions. We want to re-introduce our sales team in Tennessee. Our team has many years of funeral service experience that can help you not only survive these challenging times but thrive in an ever-changing market. Experience the Matthews Aurora Difference!



**Mike Blair (615) 308-7811**  
**mikeb@auroracasket.com**

I've been with Matthews Aurora for 26 years. I am also a licensed funeral director & embalmer for the past 36 years graduating from Dallas Institute of Funeral Service. My travels include most of middle and west Tennessee, northern Mississippi and western Kentucky. My wife Reda and I live in Franklin, TN. with our baby Ragdoll cat Bella.



**Daniel Pierce**  
**812-577-2801**

“I have been a Funeral Service Consultant with Matthews Aurora serving East Tennessee since August 2019, prior to that I served 2 years as an apprentice in the funeral service industry. I attended Tennessee Technological University, playing football and graduating with a degree in Business Management. My wife Cara and I and our two children currently reside in Cleveland, TN.”



**Max Miller**  
**mmiller@auroracasket.com**  
**618-559-4367**

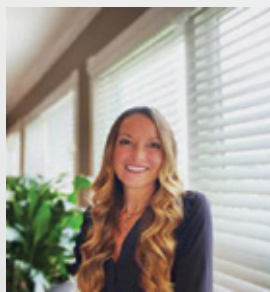
Matthews Aurora Funeral Consultant  
30 years in casket sales  
5 years Preneed Insurance Sales  
25 Years Licensed Embalmer & Funeral Director

Presently travel West TN, North MS, Southeast MO and Southern IL for Matthews Aurora Funeral Service Married to Janis Wolters Miller  
5 Children  
21 grandchildren  
1 great granddaughter



**David Frye (812) 584-0146**  
**dfrye@auroracasket.com**

Regional Sales Director with over 20 years in leadership roles, most recently, the past 5 years with Matthews Aurora. Cincinnati is my home, where I live with my wife Amy, my Boston Terriers Phineas and Phoebe.



**Shannon Kalthoff Carver**  
**865-274-6498**  
**scarver@matw.com**

I have been a Funeral Service Consultant with Matthews Aurora serving East and Middle Tennessee since September 2021. Before following in my father's footsteps and joining the Matthews Aurora team, I taught middle school English for 15 years. I attended the University of Tennessee graduating with a degree in English Literature and a Masters of Science. I live in Knoxville with my teenagers, Marghee and Trey.



**Tripp Byrd**  
**jbyrd@matw.com**  
**901-652-0977**

Tripp Byrd is a Sales Consultant for Matthews Aurora Funeral Solutions and Past President of the TFSSC and has worked for Matthews since 2007. He started his career in 1996 with a small regional company named West Point Casket Company, joining his father who retired in 2017 and is also a Past President of the TFSSC. Tripp and his wife Judy, reside in Arlington and have four children, Dede, Staci, Kristy, and Chelsie. Tripp enjoys hunting, fishing, the outdoors, and watching his grandchildren play ball, ride four wheelers, and racing dirt bikes.

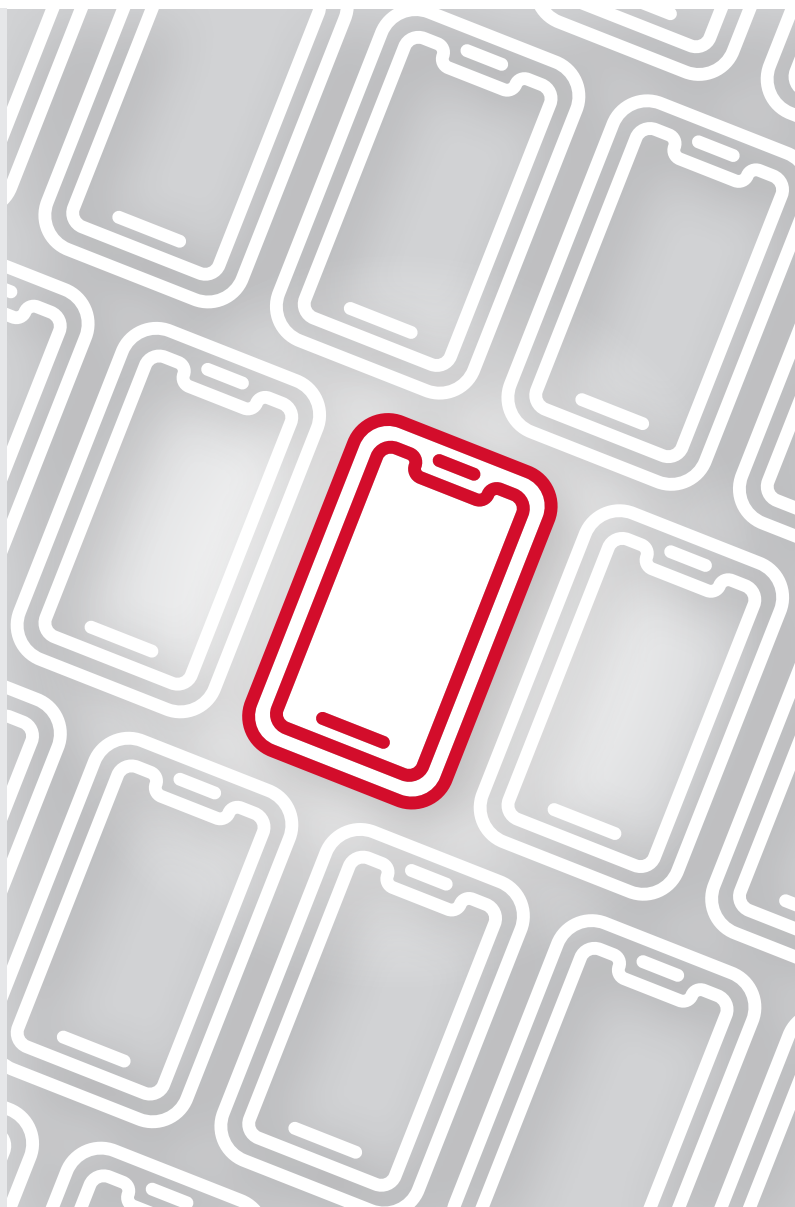


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Please contact us at 1.800.457.1111 to be connected with your Matthews Aurora Funeral Service Consultant.