

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

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620
All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer or Coroner, if request was held.

THIS COPY FOR STATE BOARD OF HEALTH

FORM 8
Rev. 1-40

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

102 William

Birth No. 132
JAN 6 1956

CERTIFICATE OF DEATH

29251

REGISTRATION DISTRICT NO. 3100 REGISTRAR'S CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY <i>Duplin-Kanawhite</i>		b. TOWNSHIP		c. LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <i>N.C.</i> b. COUNTY <i>Duplin</i>	
d. CITY OR TOWN <i>Kanawhite</i>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN <i>Kanawhite</i>		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS or R. F. D. NO. <i>#2</i>			
3. NAME OF DECEASED a. (First) <i>Charlie</i>		b. (Middle) <i>Thomas</i>		c. (Last) <i>Brock</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 17, 1955</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Nov. 15 - 1876</i>		9. AGE (In years last birthday) <i>79</i> or months <i>1</i> year <i>1</i> month <i>1</i> day <i>1</i> hour <i>1</i> min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (State or foreign country) <i>Duplin Co., N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Charlie Brock</i>				14. MOTHER'S MAIDEN NAME <i>Winnie Sullivan</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <i>Mr. C. D. Brock, Kanawhite, N.C.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Myocardial Failure</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>	
		ANTECEDENT CAUSES DUE TO (a) <i>Coronary Occlusion</i>				<i>Sudden</i>	
		DUE TO (b) <i>Atherosclerotic Heart Disease</i>				<i>Several years</i>	
		13. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <i>Advanced age</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug 10, 1955</i> to <i>Dec 17, 1955</i> , that I last saw the deceased alive on <i>Dec 10, 1955</i> , and that death occurred at <i>12:05 p.m.</i> from the causes and on the date stated above.							
23a. SIGNATURE <i>Robert F. Miller M.D.</i>				23b. ADDRESS <i>Kanawhite</i>		23c. DATE SIGNED <i>Dec 29 1955</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec 18, 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Brock Family Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Near Kanawhite, N.C.</i>	
DATE REC'D BY LOCAL REG. <i>1-4-56</i>		REGISTRAR'S SIGNATURE <i>J. P. ...</i>		GENERAL DIRECTOR <i>R. K. ...</i>		ADDRESS <i>Durham - McDowell Co., Inc., Warsaw, N.C.</i>	