NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

SEP 14 1964

# CERTIFICATE OF DEATH

25182

REGISTRATION DISTRICT NO. 54-80 REGISTRAR'S CERTIFICATE NO.

This is a legal record and must be completely filled in type or write legibly. Use black ink.

1-N

The Funeral Director, or person acting as such, is responsible for having completed certificate with registrar of the district in which death occurred.

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

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH — a. COUNTY: Lenoir — b. TOWNSHIP: Kinston — c. LENGTH OF STAY (in hospital): 4 days
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — a. STATE: N. C. — b. COUNTY: Lenoir
3. CITY OR TOWN: Kinston — In Place of Death Within City Limits? YES ☒ NO ☐
4. CITY OR TOWN: Kinston — In Place of Residence: In City Limits? YES ☐ NO ☒ — On a Farm? YES ☐ NO ☒
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Lenoir Memorial Hospital
6. STREET ADDRESS or R. F. D. NO.: 503 E. New Bern Rd.

| 7. NAME OF DECEASED (Type or Print) First | Middle | Last | 8. DATE OF DEATH Month | Day | Year |
|---|---|---|---|---|---|
| Ernest | Faison | Dunn | 8 | 18 | 1964 |

| 9. SEX | 10. COLOR OR RACE | 11. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED | 12. DATE OF BIRTH | 13. AGE (In years last birthday) | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | ☒ / ☐ / ☐ / ☐ | 3-5-07 | 57 | | |

| 14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 14b. KIND OF BUSINESS OR INDUSTRY | 15. BIRTHPLACE (State or foreign country) | 16. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Superintendent | Road Construction | N. C. Duplin | USA |

| 17. FATHER'S NAME | 18. MOTHER'S MAIDEN NAME | NAME OF HUSBAND OR WIFE |
|---|---|---|
| D. B. Dunn | Callie Dania Jones | Dorothy Mae Dunn |

| 19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 20. SOCIAL SECURITY NO. | 21. INFORMANT'S NAME AND ADDRESS |
|---|---|---|
| No | 244-05-2481 | Dorothy Mae Dunn 503 E. New Bern Rd. |

MEDICAL CERTIFICATION

22. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). Kinston, N. C. — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial infarction — 3 days

ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) — 23. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

23a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐ — 23b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 22)

23c. TIME OF INJURY (MONTH, DAY, YEAR, HOUR) — 23d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 23e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 23f. CITY OR TOWNSHIP COUNTY STATE

24. I attended the deceased from May 17, 1961 to 8/18/64 and last saw him alive on August 18, 64

Death occurred at 10:25 P.M. on the date stated above; and to the best of my knowledge from the causes stated.

25a. SIGNATURE M D R D (Degree or title) M.D. — 25b. ADDRESS Kinston N.C. — 25c. DATE SIGNED 8-20-64

26a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 26b. DATE: 8-20-64 — 26c. NAME OF CEMETERY OR CREMATORY: Pinelawn Memorial Park — 26d. LOCATION (City, town, or county) (State): Kinston Lenoir N. C.

27. FILED BY LOCAL REG. 8-24 1964 — 28. REGISTRAR'S SIGNATURE — 29. FUNERAL HOME: Howard & Carter — ADDRESS: Kinston, N. C.

Form 9A Issued

Burial Permit Issued

Date Form 5 Rev. 1-62 1-62 100M